

## Fitness Benefit

### If you have Cigna benefits, we've got a healthy incentive for you!

As a customer of the Cigna Medical Plan and an employee of **United Site Services** you are eligible for a fitness reimbursement of up to **\$150 per individual, or \$300 per family per calendar year** in qualified health club membership fees, fitness class fees or online fitness class subscriptions.

### What kind of health club membership or fitness class may qualify?

Start exercising your option by picking a qualified full-service health club that works for you. The facility you choose *must* have a vast array of cardiovascular and strength-training exercise equipment, such as traditional health clubs and YMCAs. You may also attend fitness classes at a qualified health club, or studio without an annual membership. Online fitness class subscriptions (e.g. Daily Burn, Peloton, Beachbody) also qualify for the Fitness Reimbursement.

### What fitness expenses do not qualify?

Health clubs or studios that do not qualify include martial arts centers, gymnastic facilities, country clubs, tennis, pool-only facilities, social clubs, or sports teams and leagues. Fees for personal training, lessons, coaching and exercise equipment or clothing purchases will *not* be covered.

### Here's what you need to do:

At the time of reimbursement submission, the Cigna customer must be a current **United Site Services** employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement.

Reimbursement is based on your total receipts up to \$150 per individual or \$300 per family, per calendar year. Reimbursement forms and receipts must be completed and submitted no later than March 31<sup>st</sup> of the following calendar year.

### Simply send to Cigna:

- Completed Fitness Reimbursement Form
- Dated, original receipts from your health club/studio/subscription or copies of bank or credit card statements if you pay by electronic fund transfer, showing:
  - **The Cigna customer's name**
  - Individual charges of each health club membership, fitness class fees or online subscription.
- Sign, date and mail the completed Fitness Reimbursement Form and the above information to the address below:

**Cigna  
Health Promotions  
2 College Park Drive  
Hooksett, NH 03106**

Please allow 8-10 weeks for processing. If you have any questions, please call Customer Service at **1.800.244.6224**.

***Always consult a physician before beginning any new exercise program.***



# Fitness Reimbursement Form

**PLEASE PRINT ALL INFORMATION CLEARLY**

Cigna ID Number	Last Name	First Name	Middle Initial
Home Address - Number & Street		City	State Zip Code
Employer's Name <b>United Site Services</b>			
Telephone Number:	Reimbursement is:	<input type="checkbox"/> Individual <input type="checkbox"/> Family	Date of Birth (MM/DD/YYYY):
<b>WHEN TO SUBMIT FORM</b>			
<ul style="list-style-type: none"> <li>After you have collected \$150 (per individual) or \$300 (per family) in receipts from a qualified health club, studio or online subscription</li> <li>Once per calendar year, submit no later than March 31<sup>st</sup> of the following calendar year.</li> <li>At the time of reimbursement submission, the Cigna customer must be a current <b>United Site Services</b> employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement.</li> </ul>			
<b>CLUB/CLASS INFORMATION REQUIRED</b> <i>(Attach itemized receipts)</i>			
Name and Address of Health Club or Studio			Dates of Payments:

Total number of receipts attached: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

**Total Reimbursement Amount Requested: \$ \_\_\_\_\_**

All fitness reimbursements will be sent to the Cigna customer's home address.

I authorize the release of any information to Cigna about my health club membership. I certify that the information provided in support of this submission is complete and accurate and has not been previously submitted.

Cigna Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form and all copies of your receipts to the below address. Please allow 8-10 weeks for processing. If you have any questions about your submission, please call [1.800.244.6224](tel:18002446224) for Customer Service.**

**Cigna  
Health Promotions  
2 College Park Drive  
Hooksett, NH 03106**

**Note: If services are denied, a denial letter will be sent to the Cigna customer's home address. Please be sure to keep copies of your form and receipts, Cigna will not return any receipts or claim forms. The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.**