

Get Fit! Reimbursement Form

WellSense Clarity plans and QHP



As a WellSense Clarity plan or QHP member, your health is our top priority. That's why we offer reimbursements for fitness club memberships or fitness tracker purchases, and Weight Watchers® programs.

Who Should Submit this Form?

- Must be a WellSense Health Plan member for at least 3 months in a calendar year before requesting a fitness tracker, Weight Watchers, or fitness club reimbursement (must be a member at the same time as purchase, subscription, or membership) .
- You may get reimbursed for a fitness tracker –OR– a gym membership in the same calendar year, but not both.
- Reimbursement forms are due by March 31 of the following year. Please allow 6 to 10 weeks from the time you submit your request to receive your reimbursement.

Member Information (Please print information clearly)

Your member ID number (found on your WellSense ID card)

Member's last name

First name

Middle initial

Address

City

State

Zip code

Phone

Member Extra(s) Requested

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Fitness Reimbursement (25% back)

Qualifying health clubs: Traditional health and fitness clubs, YMCAs or YWCAs, and Jewish community centers. **Non-qualifying health clubs:** Personal training, martial arts centers, tennis or pool-only facilities, gymnastics facilities, country clubs or social clubs, sports teams or leagues.

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Fitness Tracker (50% back, up to \$50 per family per year)

A fitness tracker is a digital device such as a smart watch or pedometer that can be worn and tracks your health & activity levels. Smart phones do not qualify.

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Weight Watchers Reimbursement (25% back)

To be completed by member

	Amount Requested	Additional Documentation Needed
Fitness Club Name:		Attach 8 ½" x 11" copies of dated, paid receipts, bank/credit card statements or paycheck stub and copy of your Health Club Agreement.
Fitness Tracker Product Name:		Receipts for fitness tracker must clearly state the item being purchased.
Weight Watcher's Location:		Confirmation form from Weight Watchers.

Certification and authorization (this form must be signed and dated below)

I authorize the release of any information to WellSense Health Plan about my health/fitness & Weight Watchers club membership or health tracker purchase. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Member's Signature

Date (mm/dd/yyyy)

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Please complete and mail this form (including copies of required documents) to:

WellSense Health Plan
Fitness Reimbursement
100 City Square, Suite 200
Charlestown, MA 02129

Fax: 617-897-0884

Email: IncomingMarketingMail@wellsense.org

WellSense Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-566-0012 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-566-0010 (TTY: 711).