

## 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 **Milton CAT** you are eligible for a fitness reimbursement of **up to \$200 per family, per calendar year** in qualified health club membership fees or fitness class fees.

### 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.

### What does not qualify?

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:

You'll need to have been a Cigna customer for at least four months within the current calendar year. If you are submitting for reimbursement for a health club membership, you must also be a member of the club for at least four months within the calendar year. Reimbursement is based on your total receipts up to \$200 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 or copies of bank or credit card statements (black out any reference to account or credit card numbers) if you pay by electronic fund transfer, showing:  
(Example : Payment history)
  - The Cigna customer's name
  - Individual charges of each health club membership or fitness class fees.
- Sign, date and email the completed Fitness Reimbursement Form and the above information to the address below:

E-Mail address  
[NEFitnessReimbursement@CignaHealthcare.com](mailto:NEFitnessReimbursement@CignaHealthcare.com)

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 Card Number                 | Last Name         | First Name  | Middle Initial              |
| Mailing Address - Number & Street    |                   | City  | State Zip Code              |
| Employer's Name<br><b>Milton CAT</b> |                   |   |                             |
|                                      | Reimbursement is: | <input type="checkbox"/> Individual <input type="checkbox"/> Family | Date of Birth (MM/DD/YYYY): |

### WHEN TO SUBMIT FORM

- After you have been a Cigna customer and a member of a health club (if applicable) for at least four months in the current calendar year.
- After you have collected \$200 in receipts from a qualified health club or studio.
- Submit once per calendar year, no later than March 31<sup>st</sup> of the following calendar year (01/01-12/31)..
- Reimbursement will be based on the date the services were paid.

### CLUB/CLASS INFORMATION REQUIRED (Attach itemized receipts)

|   |                    |
|---|--------------------|
| Name and Address of Health Club or Studio | Dates of Payments: |
|   |                    |

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

**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 email 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:1.800.244.6224) for Customer Service.**

E-Mail address  
[NEFitnessReimbursement@CignaHealthcare.com](mailto:NEFitnessReimbursement@CignaHealthcare.com)

**Note: If services are denied, a denial letter will be sent to the Cigna customer's home address or via email. 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.**

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.