

Need an incentive to get back in the gym? MetroPlus has what you're looking for.

As a MetroPlus Gold member, we want to help you stay healthy. To help you do this, MetroPlus will reimburse you up to \$250 every six months for the cost of your exercise facility membership. If your spouse is a MetroPlus Gold member, they are also eligible for the same reimbursement every six months.

What types of health clubs qualify? Exercise facilities that maintain equipment and programs that promote cardiovascular wellness qualify for reimbursement. Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual work-out visits. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (massages, yoga, etc.)

How do I become eligible? In order to be eligible, you must be an active member of the exercise facility. Your membership with MetroPlus must be current and paid to date at time of submission.

If you are eligible to receive Health and Fitness Reimbursement through the New York City Management Benefits Fund, you are not eligible to receive reimbursement through MetroPlus.

How do I obtain the reimbursement? In order to obtain reimbursement at the end of the six-month period (you must wait until six months have passed):

- Submit a copy of your current facility bill which shows the fee paid for your membership.
- Mail or fax your form to MetroPlus to the address or fax to the right:

MetroPlus Health Plan
Att: Enrollment and Membership Department
160 Water Street, 3rd Fl. • New York, NY 10038

Fax: 212.908.8872

Important: Please complete the form in its entirety or the processing of your claim maybe delayed or denied. Please complete one form per member, for each six month period for which you are submitting a claim.

If you have any questions please call our Member Services at 1.877.475.3795 (TTY: 711)

Please print. SUBSCRIBER INFORMATION (PERSON WHO HOLDS COVERAGE):

MetroPlus ID Number:	Last Name:	First Name:	Middle Initial:
Address (Number, Street, Apt. #):	City:	State:	Zip Code:
Six-Month Period Requested (mm/dd/yyyy—mm/dd/yyyy):			
HEALTH CLUB INFORMATION:			
Gym / Health Club's Name:	City, State:		
Phone Number (xxx) xxx-xxxx:	\$ Amount Being Claimed:		

I certify that the information on the form and all supporting documents are complete, accurate and unaltered, and that I am NOT eligible for this reimbursement through the NYC Management Benefits Fund.

Member's Signature: _____ **Date:** _____

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the gym reimbursement program.

Gym Representative's Signature: _____ **Date:** _____

(only required if gym cannot provide facility print out)

If you need assistance because you are hearing impaired and / or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available as needed.