



Dartmouth College/Cigna Fitness Benefit

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

As a customer of the CIGNA Medical Plan, you are eligible for a fitness reimbursement of up to **\$200 per calendar year (combined family maximum)** in qualified fitness facility membership fees or exercise class fees.

What kind of Fitness Facility Membership Qualifies?

Start exercising your option by picking a fitness facility that works for you. Examples of facilities that qualify include full service fitness facilities (with an array of cardiovascular and strength-training exercise equipment) as well as martial arts centers, yoga studios, gymnastics facilities, tennis, aerobic or pool only facilities and programs with a qualified personal trainer. Fees paid for attending aerobic/fitness classes at a qualified fitness facility without an annual membership will also be covered.

The fitness reimbursement is for fitness activities that occur 2 times per week, for at least 10 out of 20 weeks. A Fitness Reimbursement Log Card with instructor/facility sign-off must be submitted along with the Fitness Reimbursement Form, and receipts, to Cigna.

Here's what you need to do:

Reimbursement will be provided based on receipts you accumulate and submit up to a \$200 limit per family* each calendar year. Reimbursement forms and receipts must be completed and submitted within 90 days of the end of the calendar year.

Simply send the following items to CIGNA:

- ◆ Fitness Reimbursement Form (attached), answering all questions (please note that the \$200 is per family* per calendar year).
- ◆ Dated, original receipts from your fitness facility, or copies of bank or credit card statements if you pay by electronic fund transfer, showing:
 - The member's name
 - Individual charges demonstrating a minimum of 10 weeks participation
- ◆ A copy of your Fitness Reimbursement Log Card (attached)
- ◆ Sign and date the completed Fitness Reimbursement Form, then mail us all of the above.
- ◆ You can submit once you have met the criteria of working out at least 2 times per week for a minimum of 10 out of 20 weeks.
- ◆ Please be sure to submit your form, log card and receipts for reimbursement within 90 days of the of the calendar year.

Always consult a physician before beginning any new exercise program.



* Family = adult member age 18 +

Dartmouth College/Cigna Fitness Reimbursement Form

PLEASE PRINT ALL INFORMATION CLEARLY

CIGNA ID Number	Last Name	First Name	Middle Initial
Address - Number & Street		City	State
			Zip Code
Employer's Name Dartmouth College			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):	
WHEN TO SUBMIT FORM			
<ul style="list-style-type: none">• After you have met the criteria of working out at least 2 times per week for a minimum of 10 out of 20 weeks• After you have collected \$200 in receipts from qualified fitness facilities• Once per calendar year• Please be sure to submit your reimbursement form, log card and receipts for reimbursement within 90 days of the end of the calendar year.			
CLUB/CLASS INFORMATION REQUIRED <i>(Attach itemized receipts)</i>			
Name and Address of fitness facility	Dates of Service	Amount Charged	

TOTAL NUMBER OF RECEIPTS ATTACHED: _____ TOTAL CHARGES: \$ _____

All Fitness Benefit payments will be sent to the Customer's address on file.

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below)

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 correct and that I have not previously submitted for these services.

Cigna Customer Signature/Member's Signature: _____ Date: _____

Please mail to the below address. Please also allow up to four weeks for processing.

CIGNA
Attn: Debra Sargent
2 College Park Drive
Hooksett, NH 03106

Note: If services are denied, a denial letter will be sent to the customer's home address. Please be sure to keep copies of your form and receipts, we will not return any receipts or claims forms.



Dartmouth College / Cigna Fitness Reimbursement Log Card

Name: _____

Address: _____

Phone Number: _____

Cigna ID #: _____

All workouts must be logged in the same calendar year.
 To qualify, you must exercise a minimum of two times per week for 10 out of 20 weeks.
 (To meet exercise requirements within a calendar year, this log card must be
 started no later than October 22nd of a given calendar year).

Return Log Card along with Fitness Reimbursement Form and Receipts to:

Cigna Healthcare – Attention: Debra Sargent
 2 College Park Drive
 Hooksett, NH 03106

FITNESS LOG CARD		Record daily exercise here. (Fitness Facility Employee / Instructor confirmation initials go inside the box.)			
Record dates at the beginning of each week here		Day 1		Day 2	
		Exercise	Initial	Exercise	Initial
Week 1	/ /				
Week 2	/ /				
Week 3	/ /				
Week 4	/ /				
Week 5	/ /				
Week 6	/ /				
Week 7	/ /				
Week 8	/ /				
Week 9	/ /				
Week 10	/ /				
Week 11	/ /				
Week 12	/ /				
Week 13	/ /				
Week 14	/ /				
Week 15	/ /				
Week 16	/ /				
Week 17	/ /				
Week 18	/ /				
Week 19	/ /				
Week 20	/ /				

Electronic copies verifying attendance, printed on fitness facility letterhead, will also be accepted.