



UNICARE STATE INDEMNITY PLAN  
**FITNESS CLUB REIMBURSEMENT FORM**

For UniCare State Indemnity Plan members

**Effective July 1, 2013**

Please print clearly. Keep a copy of all receipts and documents for your records. Please be sure to sign the form. The reimbursement is paid once each year as a lump sum to the plan enrollee, upon proof of fitness club membership and payment.

<b>1. Name of Enrollee (Last, First, MI)</b>	<b>2. UniCare ID Number</b>	<b>3. Date of Birth</b>
<b>4. Enrollee Address:</b>   <b>Phone:</b>	<b>5. Fitness Club Name and Address:</b>   <b>Phone:</b>	
<b>6. Name of Member (Last, First, MI)</b>	<b>7. Member's Relationship to Enrollee:</b>	
<b>8. Proof of membership:</b> <input type="checkbox"/> Copy of fitness club membership agreement	<b>9. Amount paid:</b>	

**10. Proof of payment (check one):**

- Itemized receipt from the fitness club, showing the dates of membership and dollar amounts paid
- Copies of receipts for fitness club membership dues
- Credit card statement or receipt
- Statement from fitness club indicating payment was made (on club letterhead and with authorized signature)

Receipts or statements must include member name, amount charged, amount paid and service dates.

**I agree to the information written above, and verify that I met the requirements of the program.**

**11. Signature (required):** \_\_\_\_\_

**Date:** \_\_\_\_\_

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this fitness reimbursement program.

Please send this form and all documentation to:

UniCare State Indemnity Plan – Fitness Club Reimbursement  
PO Box 9016  
Andover, MA 01810

For Plan Use Only	
<b>12. Procedure code:</b> S9970 – Fitness Club Membership	<b>13. Diagnosis: 799.9</b>
	<b>14. TIN: 00000002</b>