

HEALTH REPUBLIC

INSURANCE OF NEW YORK

Gym Reimbursement



WHO IS ELIGIBLE FOR THE GYM MEMBERSHIP REIMBURSEMENT? HOW MUCH CAN BE REIMBURSED?

- You are eligible if you are a subscriber, regardless of which plan you have, as long as you are actively enrolled with Health Republic. If your spouse is covered under your plan, then your spouse, if actively enrolled, is also eligible. Dependents are not eligible.
- Subscribers may receive a reimbursement of up to \$200.
 Covered spouses may receive a reimbursement of up to \$100.
 Please note that the actual reimbursement amount depends on how much the subscriber and/or covered spouse has paid in gym membership fees during the period the gym visits occurred.
- There is no age requirement, unless your gym establishes an age requirement.

HOW DOES THE REIMBURSEMENT PROCESS WORK?

- To be eligible for reimbursement, you have to pay membership fees to a licensed gym and go to the gym at least 50 times within a consecutive six-month period. You must track and document those visits.
- When you are ready to submit reimbursement documentation, submit the following:
 - 1. Health Republic Gym Membership Reimbursement Form: Please print and completely fill out the other side of this form. The form must be signed by you and gym facility staff member.
 - 2. Documentation of Tracked Visits: You can use the second page of this form, which includes a tracking sheet that can be filled in each time you visit the gym. Or, you can submit an official printout from your gym, but it must contain the total number of visits, dates for each visit, and be signed by a gym manager or representative.
 - **3.** Evidence of Payment: You must submit a copy of your gym bill, or similar documentation, which shows how much you paid in gym membership fees during the period of visits.
 - **4.** Email, Fax, or Mail the completed forms.

Email: HRINYclaims@pomcogroup.com Fax: 315-703-4894 or

Mail: Health Republic Insurance of New York, P.O. Box 6329, Syracuse, NY 13217-6329

- Reimbursement documentation can be submitted once every six months.
- Members cannot combine gym visits to meet minimum visit requirements.
- Reimbursements are processed as claims. Documentation must be received within 120 days from last gym visit.

WHICH GYMS CAN I VISIT FOR THE REIMBURSEMENT?

- Members (subscribers and covered spouses) may visit any licensed exercise facility.
- Limitations and Exceptions: 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 CAN I CHECK THE STATUS OF MY REIMBURSEMENT?

• You can call our service number, 1-888-990-5702, and speak to the Claims Department. The Claims Department can tell you whether your documents have been received and also the status of the reimbursement. Reimbursement will be processed approximately 45 days after it is received and will be mailed to your address on record.

Gym Membership Reimbursement TRACKING FORM

➡ Print legibly in black Ink.				
	Complete this form.			
	Submit a copy of your current gym bill showing the membership fee paid for the dates of use under consideration.			
	Submit one of the following options:			

Option A. Complete the tracking list on the right. A gym facility representative must sign and date after each visit to the gym.

Option B. Request an official printout from the exercise facility, which specifies the number of visits and the dates of each visit. It must be signed by a facility representative.

SUBSCRIBER INFORMATION:

Last Name	First Name	M.I
SPOUSE/DOMESTIC PARTNER INI	FORMATION:	

Last Name	_First Name	M.I
Member ID#		
Calendar/Membership Year: 20		
Name of Gym Facility where you are an active member		
Facility Address		
City	State	Zip
Phone		

Gym Facility Representative Name _____

Gym Facility Representative Signature _____

Date_____「_____「____

YOUR SIGNATURE REQUIRED

I _______(HRINY Member) attest that the above information is true and accurate, and the services were received and paid for as detailed in the bill information provided here from my exercise facility/(ies) named. I acknowledge that if any information on this form is misleading or fraudulent, it will result in the denial of my reimbursement. I also understand that Health Republic Insurance of New York may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the gym membership reimbursement may be considered taxable income.

_Date_____ (mm/dd/yy)

Para recibir información en Español por el correo, por favor llame al 888-990-5702.

PLEASE SUBMIT THIS FORM AND ALL DOCUMENTATION BY: Email Mail HRINVclaims@nomcogroup.com Health Republic Insuran

HRINYclaims@pomcogroup.c				
Fax				
315-703-4894				

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DATE

FACILITY SIGNATURE