

# It Fits! Reimbursement Form

Fallon Companion Care members are eligible for reimbursement once per benefit year.\* Members may request up to \$200 per individual contract. In order to receive reimbursement, requests must be made no later than three months following a benefit year. For more information, visit [fallonhealth.org](http://fallonhealth.org).

Two ways to get reimbursed:  
 1. Mail completed form to:  
 Fallon Health & Life Assurance Co.  
 P.O. Box 211308  
 Fagan, MN 55121-2908  
 2. Email completed form to:  
[reimbursements@fallonhealth.org](mailto:reimbursements@fallonhealth.org)

## Member information

Member's last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Member's ID # (located on the front of your card) \_\_\_\_\_ Telephone number \_\_\_\_\_

Activity/item for reimbursement**			
Type of activity/item	Program/gym name/retailer	Benefit year	Amount requested

## Information needed for reimbursement

- This completed form
- A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a race or a town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- Dated original receipts or copies of bank/credit statements showing the charge for membership, classes, or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon Companion Care will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

## Certification and authorization (This form must be signed and dated below by the member.)

Reimbursement is subject to approval by Fallon Health & Life Assurance Company. *(This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.)* Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check will be made to the member.

### Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

\* A benefit year is a 12-month period which is often, but not always, January 1 through December 31.

\*\* Reimbursement amounts may vary.

Fallon Companion Care is offered through Fallon Health & Life Assurance Company, Inc., a wholly owned subsidiary of Fallon Community Health Plan, Inc.

Program eligibility and benefits may vary by employer, plan and product. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

Jenny Craig® is a registered trademark of Jenny Craig, Inc.

Fallon Health complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno.

Para hablar con un intérprete, llame al 1-800-868-5200.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

