

2019 FITNESS REIMBURSEMENT PROGRAM

2019 FITNESS REIMBURSEMENT PROGRAM

Get reimbursed up to \$500 per family per calendar year for eligible fitness expenses. Employees/Retirees and dependents are eligible for the Fitness Reimbursement Program if they participate in a University System of New Hampshire (USNH) medical plan administered by Cigna.

Follow these 3 easy steps:

1 MAKE AN ELIGIBLE PURCHASE

What qualifies?

A membership at a full service health club, studio or fitness program, as well as fitness classes held at a health club, studio or recreation center (e.g. 9Round, Hamel Recreation Center, Keene Recreation Center, OrangeTheory, The Works Health Club, Wildcat Fitness, YMCA).

What does not qualify?

- Home exercise equipment
- Sports lessons (e.g. golf lesson)
- Race fees
- Sport leagues (e.g. basketball league)

The above list is not a complete list, but rather examples of ineligible expenses; Cigna may deny a submission for an ineligible expense.

Important Information

\$500 is the maximum taxable reimbursement amount per family per calendar year. Family includes employee/retiree and dependents who are covered under a USNH medical plan administered by Cigna.

There is no attendance requirement, you can submit your form and receipt/proof of purchase as soon as you make an eligible purchase.

At the time of reimbursement, you must be a current USNH employee or eligible retiree and be a participant in a USNH Cigna medical plan to be eligible for this reimbursement.

2 COMPLETE FORM

3 SUBMIT FORM ONCE PER CALENDAR YEAR, NO LATER THAN MARCH 31, 2020

Submission Process

- Employee/Retiree to complete, sign and date the Fitness Reimbursement Program Form, submitted once per calendar year.
- Include dated, original receipts from the fitness program or copies of bank/ credit card statements (black out any reference to account or credit card numbers). Receipts or bank/credit card statements must include the following:
 - The participant name.
 - Name of facility.
 - Individual charges of each fitness program, member membership, or class fees.
 - Charges and dates of each session or monthly membership.
 - Proof of purchase that clearly shows the amount you paid.

The expenses will be pro-rated to only reimburse for the current 2019 calendar year if the actual expense paid included prior year or future year membership/class expenses.

The completed form must be postmarked by **March 31, 2020.**

I B=J9 F G=HM GMGH9 A 'C: 'B9 K '<5 A DG<=F9

2019 FITNESS REIMBURSEMENT PROGRAM FORM

For employees/retirees and dependents that participate in the University System of New Hampshire (USNH) medical plan administered by Cigna.

Section 1 – Employee/Retiree Information

Last Name	First Name	Middle Initial	
Home Address - Number & Street	City	State	Zip Code
Employee USNH ID:	Cigna ID Number	Date of Birth (MM/DD/YYYY):	

Section 2 – Eligible Expenses

Fitness Program Expense	Dates of Service	Participant Name	Amount Paid

Total number of receipts attached: _____ Total Amount requested: \$ _____ (max of \$500)

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 accurate and has not been previously submitted.

I understand reimbursements will be provided via USNH payroll and are subject to applicable tax withholdings.

Employee/Retiree Signature: _____ Date: _____

Please mail this form and all copies of your receipts to the below address. Please allow 3-4 pay cycles to receive your reimbursement via USNH payroll. The Fitness Reimbursement is taxable. If you have questions about your submission, please call 1.800.244.6224 for Customer Service.

**Cigna
Health Promotions/USNH
2 College Park Drive
Hooksett, NH 03106**

Please make sure to keep a copy of your form and receipts as proof of submission if validation is required from Cigna. Cigna will not return any receipts or forms. If services are denied, a denial letter will be sent to the employee/retiree's home address.