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 the University System of New Hampshire (USNH) medical plan administered by Cigna.

Follow these 3 easy steps:

1. **MAKE AN ELIGIBLE PURCHASE**
2. **COMPLETE FORM**
3. **SUBMIT FORM ONCE PER CALENDAR YEAR, NO LATER THAN MARCH 31, 2021**

**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, Orange Theory, 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 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.

**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) showing:
  - 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 2020 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, 2021**.
2020 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tbody>
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<tr>
<td>Home Address - Number &amp; Street</td>
<td>City</td>
<td>State</td>
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<tr>
<td>Employee USNH ID:</td>
<td>Cigna ID Number</td>
<td>Date of Birth (MM/DD/YYYY):</td>
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</tbody>
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Section 2 – Eligible Expenses

<table>
<thead>
<tr>
<th>Fitness Program Expense</th>
<th>Dates of Service</th>
<th>Participant Name</th>
<th>Amount Paid</th>
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<tbody>
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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 any questions about your reimbursement, please contact 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.

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