2023 FITNESS REIMBURSEMENT PROGRAM

Get reimbursed up to $300 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 31ST 2024**

**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, online fitness class subscriptions (e.g. Beachbody, Daily Burn, and Peloton), personal training sessions (personal training sessions in a traditional health club/fitness studio only), fitness related fees (e.g. pool membership and skiing season pass) and eligible home exercise equipment.

Eligible home exercise equipment that provides cardiovascular and/or muscular total-body workout. Equipment must be new and purchased through a retail store which includes online. The following pieces of equipment are eligible for reimbursement: home gyms, treadmills, stationary cycles, elliptical machines, rowing machines, stair climbing machines, and total body weight resistance machines.

**What does not qualify**
- muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines, free weights;
- exercise videos or mats;
- outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades;
- exercise clothing or shoes and any used equipment;
- sport leagues (e.g. basketball league)
- fitness day pass, race entry fee, and individual ski tickets

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**
$300 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, online fitness class subscription, retail store, 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.

Membership/class expenses will be pro-rated to only reimburse for the current 2023 calendar year if the actual expense paid included prior year or future year membership/class expenses. Home exercise equipment purchased outside the current plan year is not eligible for reimbursement.

The completed form must be postmarked by March 31, 2024.
Section 1 – Employee/Retiree Information

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

<table>
<thead>
<tr>
<th>Fitness Program Expense</th>
<th>Dates of Service or Purchase</th>
<th>Participant Name</th>
<th>Amount Paid</th>
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Total number of receipts attached: ___________ Total Amount requested: $ ___________ (max of $300)

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 submission, please call 1.800.244.6224 Customer Service.

Cigna
Health Promotions/USNH
1750 Elm Street, Suite 800
Manchester, NH 03104

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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