

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

2025 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 ELIGIBLE PURCHASES

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.

2

COMPLETE FORM

3

SUBMIT FORM ONCE PER YEAR, NO LATER THAN 12/31/2025

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.

The completed form must be submitted via email to USNHFitness@cignahealthcare.com by

December 31, 2025.

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

2025 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 or Purchase	Participant Name	Amount Paid

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.

Employee/Retiree Signature: _____ Date: _____

Please email this form and all copies of your receipts to the email address below. Please allow 8-10 weeks to receive a check from Cigna. The Fitness Reimbursement is taxable. If you have any questions about your submission, please call 1-800-244-6224. Fitness reimbursement requests are accepted via email only.

USNHFitness@cignahealthcare.com

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 04/22/22 © 2022 Cigna.