2016-2017 Gym Membership Fee Reimbursement

NY44 Health Benefits Plan Trust participants are eligible for gym membership fee reimbursement per plan year of \$100 (single health insurance plan) and \$150 (family health insurance plan).

Follow These Steps to Receive Reimbursement		
1. Check if your gym qualifies. To receive reimbursement, your gym must promote cardiovascular wellness. A minimum 1-month gym membership is required. For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:		
Elliptical Cross-T Rowing Machine Step Machine	rainer Group Exercise Stationary Bicycl Treadmill	Pool e Squash/Tennis/Racquetball Court
ONLY THE MEMBERSHIP FEE IS ELIGIBLE FOR REIMBURSEMENT		
<u>NOT ELIGIBLE:</u> Memberships in sports clubs, country clubs, weight loss clinics, spas or other similar facilities. Registration fees for personal training, classes, one-time, single session or drop-in events or activities are not eligible. Maintenance fees, annual fees and initiation fees are not eligible.		
2. Know your reimbursement period. July 1, 2016 – June 30, 2017. Pro-rate: If an enrollee's coverage with the NY44 is terminated for any reason or becomes active after 7/1/16, reimbursement is pro-rated by the number of months you were an active participant in the Trust x \$8.34 (single) or \$12.50 (family).		
 Submit paperwork. You need to provide: A current NY44 Gym Membership Fee Reimbursement Form (this form) A copy of the first page of gym membership agreement/contract A receipt from gym showing full payment (payment history; payment summary) Personal proof of payment (i.e. credit card statement, payroll deduction, auto bank withdrawal, etc.) <i>Cross out your banking account number so it is not legible.</i> A copy of the brochure indicating the equipment listed in #1 that the gym offers. Submit by mail or fax to: No later than July 15, 2017; No Exceptions. NY44 Health Benefits Plan Trust 355 Harlem Road West Seneca, NY 14224 		
Fax: 716-821-74	39 Emailed or hand	d-delivered submissions will not be accepted
Employer (School/ District Name):		
Primary Enrollee Name:		
Home Address:	Home Address: Home Phone:	
City, State, Zip:		
Family Health Cover	rage	Single Health Coverage
Submissions on the wrong year's form will not be processed. Forms are online at <u>www.ny44.e1b.org</u> Maximum reimbursement level is \$150 (family) or \$100 (single) Incomplete or incorrect claims submission will delay payment. READ: Guidelines and information about this program are online at www.ny44.e1b.org. Questions, 716-821-7161.		

Gym Membership Fee Reimbursement Online Guidelines

Reimbursement Period: July 1, 2016 – June 30, 2017. Payment receipts must be dated within this timeframe. Gym membership contracts can carry from year to year.

Final Deadline: You have until **July 15, 2017** to submit your reimbursement for the July 1, 2016 to June 30, 2017 period. NO EXCEPTIONS.

Submissions on the wrong year's form will not be processed.

Submit by Mail or Fax. Emailed or hand-delivered submissions will not be accepted

Pro-rate: If an enrollee's coverage with the NY44 is terminated for any reason or becomes active after 7/1/16, reimbursement is pro-rated by the number of months you were an active participant in the Trust x \$8.34 (single) or \$12.50 (family).

Qualifying Gym: A minimum 1-month gym membership is required to receive reimbursement through this program. For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:

Elliptical Cross-Trainer Rowing Machine Step Machine Group Exercise Stationary Bicycle Treadmill

Pool Squash/Tennis/Racquetball Court

ONLY THE MEMBERSHIP FEE IS ELIGIBLE FOR REIMBURSEMENT

Not Eligible:

Memberships in sports clubs, country clubs, weight loss clinics, spas or other similar facilities are not eligible. Registration fees for personal training, classes, one-time, single session or drop-in events or activities are not eligible.

Maintenance fees, annual fees and initiation fees are not eligible

Appeals: If a claim is denied, appeals may be made in writing to the Plan Administrator. The decision of the Trust is final.

Claims Processing: Incomplete or incorrect documentation will delay processing. You will be contacted and asked to resend proper documentation if it is received incomplete or incorrect, or if no receipt accompanies your claim form.

Please allow 6 to 8 weeks to receive your reimbursement.

Payment: Payment is made directly to the primary enrollee (no third party payments).