



# Fitness Reimbursement Form



Did you know that you can submit your claims reimbursement request online? Just log in to My Plan at [hpiTPA.com](http://hpiTPA.com).

**Employer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Employee Information

<b>Employee Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>HPI Member ID#</b>	
<b>Mailing Address</b>	<b>City</b>	<b>ST</b>	<b>ZIP Code</b>	
<b>Date of Birth</b>	<b>Email Address</b>		<b>Primary Phone</b>	

## Member/Dependent Information

Reimbursement is requested for the following participant (*please check*):

- Employee
  Spouse/Partner
  Child/Other Dependent
  Ex-Spouse

If reimbursement is requested for a participant *other than the employee*, please provide that participant's information:

<b>Participant Last Name</b>	<b>Participant First Name</b>	<b>MI</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Relationship</b>
------------------------------	-------------------------------	-----------	---------------	----------------------	---------------------

## Club/Services Information

Dates Attended: From - To (MM/DD/YYYY)	Fitness Club Name	Address, City & State	Phone Number (incl. Area Code)	\$ Amount Claimed
-				
-				
-				
-				

**By signing below, I certify that the information on the form and all supporting documents are complete, accurate and unaltered.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Maximum amount reimbursable is \$150 per family, per calendar year.

You can submit for reimbursement as expenses are incurred or by March 31<sup>st</sup> of the following year, with proof of payment and health club or yoga program information (copy of health club membership agreement or yoga program enrollment documentation).

### Examples of services that qualify for reimbursement

Full-service health and fitness clubs with cardiovascular and strength-training equipment as well as virtual wellness apps such as Peloton, Beachbody, meditation, mindfulness, yoga, etc.

### Services that do not qualify for reimbursement

Martial arts or gymnastic facilities; fees for personal trainers, classes or country clubs; tennis, aerobic or pool-only facilities; sports teams and leagues

*For specific details concerning this benefit, including limits and/or restrictions, please refer to your Plan Document or your Summary of Benefits and Coverage.*

**Submit completed form and supporting documentation (copies of receipts and your health club membership agreement form) to HPI:**

 By Mail: HPI, PO Box 5199, Westborough, MA 01581 | Fax: 508-792-1188 | Online: [hpiTPA.com](http://hpiTPA.com)