



# Gold Exercise Facility Reimbursement Form

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## Need an incentive to get back in the gym? MetroPlusHealth has what you're looking for.

**As a MetroPlusHealth Gold member, we want to help you stay healthy.** To help you do this, MetroPlusHealth may reimburse you up to \$1,400 per year to help you pay for your fitness membership (\$250 per Member, \$250 per Spouse every six months, \$100 every six months per dependent, up to 2 dependents).

**What types of health clubs qualify?** The exercise facility must promote cardiovascular wellness, such as a health center that has at least two or more pieces of equipment or a program that incorporates the following: elliptical, cross-trainer, group exercise, pool, stationary bike, step machine/climber, treadmill, or walking and running.

**How do I become eligible?** In order to be eligible, you must be an active member of the exercise facility. Your membership with MetroPlusHealth must be current and paid to date at time of submission.

If you are eligible to receive Health and Fitness Reimbursement through the New York City Management Benefits Fund, you are not eligible to receive reimbursement through MetroPlusHealth.

### Exclusions:

- \* The program does not reimburse expenses incurred for equipment, locker rentals, clothing, vitamins, or other services that might be offered by the facility for an additional fee (massages, personal trainers, etc.).
- \* Annual fees and maintenance fees are not included in reimbursement.  
The reimbursement is limited to membership fee.

For a full list of exclusions, please review your Certificate of Coverage.

**How do I obtain the reimbursement?** A 6-month claim period must be completed to submit a request. The 6-month period must be consecutive with no breaks in coverage.

- Submit a copy of your current bill which shows the fee paid for your membership.
- Submit proof of payment. Acceptable proof includes: Payment receipts (must have the same name as the health club), credit card statements, printout on health club letterhead detailing payments.
- Submit all required documentation no later than 120 days from the claim period end date.
- **Email or mail your form to MetroPlusHealth at:**

**MetroPlusHealth**  
Att: Customer Services Department  
50 Water Street, 7th Fl.  
New York, NY 10004

**EMAIL:** [mph\\_reimbursements@metroplus.org](mailto:mph_reimbursements@metroplus.org)



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**Important:** Please complete the form in its entirety or the processing of your claim may be delayed or denied. Any missing documentation must be submitted within 30 days of notice. Please complete one form (per member) for each six month period for which you are submitting a claim. Note: This may be a taxable benefit. Please check with your accountant. If you have any questions, please call our exclusive line for Gold Members at 1.877.475.3795 (TTY: 711).

PLEASE PRINT. MEMBER INFORMATION:			
MetroPlusHealth ID Number:	Last Name:	First Name:	Middle Initial:
Address (Number, Street, Apt. #):	City:	State:	Zip Code:
Six-Month Period Requested (mm/dd/yyyy – mm/dd/yyyy):	to		
ACCOUNT HOLDER INFORMATION:			
ID Number:	Last Name:	First Name:	Middle Initial:
HEALTH CLUB INFORMATION:			
Gym / Health Club's Name:	City, State:		
Phone Number (xxx) xxx-xxxx:	Amount Being Claimed:		
	\$		

I certify that the information on the form and all supporting documents are complete, accurate and unaltered, and that I am NOT eligible for this reimbursement through the NYC Management Benefits Fund.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gym Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be signed if the Member is under age 18)

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the gym reimbursement program.

If you need assistance because you are hearing impaired and / or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available as needed.