

Gold exercise facility reimbursement form

Submit form and proof of payment to:

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



mph_reimbursements@metroplus.org

Member information

MetroPlusHealth ID number	Last name	First name	Middle initial
Address (number, street, apt.)	City	State	ZIP code
Claim period requested (mm/dd/yyyy – mm/dd/yyyy)	to		

Subscriber information (if different from above)

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 all information and documents are complete, accurate, and unaltered, and that I am not receiving this reimbursement through the NYC Management Benefits Fund.

Member's signature: _____ Date: _____

Account holder's signature: _____ Date: _____

(To be signed if the Member is under 18)

Any alteration or falsification of information will result in disqualification from the reimbursement program. To avoid delays or denial, please complete all sections of the form, use one form per member for each six month claim period. Please note that this benefit may be taxable. If you have questions, call the Gold Member line at **877.475.3795 (TTY: 711)**. Language assistance is available.

Refer to your Certificate of Coverage for full details.

As a MetroPlusHealth Gold member, we want to help you stay healthy. You can receive up to \$1,400 per year to help pay for fitness memberships. Reimbursement is available every six months as follows: \$250 per member, \$250 per spouse, and \$100 per dependent (up to two dependents).

What types of health clubs qualify? The health club must support cardiovascular fitness and offer at least two types of equipment or programs, such as elliptical machines, stationary bikes, treadmills, step machines/ climbers, pools, group exercise classes, or walking and running programs.

How do I become eligible? To qualify, you must be an active member of the fitness facility, and your MetroPlusHealth coverage must be current and paid in full at the time you submit your claim.

Exclusions:

Reimbursement does not cover costs for equipment purchases, locker rentals, clothing, vitamins, or optional services such as massages or personal training.

How do I obtain the reimbursement?

For monthly memberships, you must complete six consecutive months before submitting a claim. Annual memberships are reimbursed once per plan year, up to the limit. Reimbursement is issued within 30 days of receiving complete documentation.

Submit:

- Reimbursement form
- Proof of payment
- Within 120 days after the claim period ends

For a complete list of exclusions and full details, refer to your Certificate of Coverage at metroplus.org.

Submit your completed form and documentation by email or mail:

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