

Fitness Center Reimbursement Form

Subscribers are eligible for reimbursement twice per calendar year. Requests must be made by August 15 and February 15 after each six month exercise tracking period.

Section 1 – Subscriber Information (as it appears on your Health Tradition ID Card) (Note: The subscriber is the health plan policyholder)

Subscriber's last name	First Name	Middle Initial
Address	City	State
Subscriber's Social Security Number	ZIP	Telephone number

Section 2 – Fitness Center Information

Name/Address/Type of facility or activity	Calendar year*	Amount requested**

* Calendar year is the 6-month period, beginning January 1 and ending June 30 or beginning July 1 and ending December 31, for which reimbursement is being requested.

** You can request up to \$100 per six month exercise tracking period, per subscriber.

Section 3 – Information for Reimbursement

Please submit each item and check off the boxes below.

- This completed form.
- A copy of your completed six month workout log.
- Dated original receipts or copies of bank/credit statements showing the charge for membership (original receipts will not be returned).

Section 4 – Certification and Authorization (This form must be signed and dated below by the subscriber)

Reimbursement subject to approval by Health Tradition Health Plan. All payments will be made with subscriber's authorization. Subscriber's signature required. Please allow 6-8 weeks from the August 15 or February 15 submission deadlines for processing reimbursements.

To the best of my knowledge and belief, my statements on the Health/Fitness Center Reimbursement Form are complete and true. I certify that these expenses have not previously been reimbursed in this or any calendar year.

 Subscriber's signature Date

Mail Completed Form to:
 Health Tradition Health Plan
 Fitness Reimbursement
 PO Box 188
 La Crosse, WI 54602-0188

MAKE COPIES OF ALL DOCUMENTATION BEFORE SENDING IN YOUR FITNESS CENTER REIMBURSEMENT FORM AND KEEP FOR YOUR PERSONAL RECORDS. FOR MORE INFORMATION ON THE FITNESS CENTER REIMBURSEMENT, GO TO www.healthtradition.com OR CALL HEALTH TRADITION AT (608) 781-9692.