

When to Submit this Form:

- After you've been a member of a health or fitness club and BMC HealthNet Plan's Qualified Health Plan at the same time for at least three months in a calendar year. Reimbursement is up to 25% of your fitness costs per year.
- You must submit no later than March 31 of the following year.

Member Information (Please print information clearly)			
YOUR MEMBER ID NUMBER (FOUND ON YOUR BMC HEALTHNET PLAN ID CARD)			
MEMBER'S LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Health Club Information (Required)			
Attach 8 ½" x 11" photocopies of dated, paid health club receipts, bank/credit card statements, or paycheck stub along with a copy of your Health Club Agreement)			
NAME OF HEALTH CLUB			
ADDRESS	CITY	STATE	ZIP CODE
TOTAL NUMBER OF RECEIPT COPIES ATTACHED:	REIMBURSEMENT AMOUNT REQUESTED:		

CERTIFICATION AND AUTHORIZATION (this form must be signed below)

I authorize the release of any information to BMC HealthNet Plan about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Member's Signature

Please fold and mail this form (including copies of required documents) to:

BMC HealthNet Plan
 Fitness Reimbursement
 529 Main Street, Suite 500
 Charlestown, MA 02129

Boston Medical Center HealthNet Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8120 (TTY: 711).
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-833-8120 (TTY: 711).