



Fitness Program Award Reimbursement Request

For internal purposes only: HLRR

Submit Claims To:
Aetna, Inc.
PO Box 981106
El Paso, TX 79998-1106

Failure to complete form in full may cause delay in payment.

Participant Instructions:

1. Complete Parts 1 & 2 in full.
2. Attach fitness club verification that **50 visits have been completed per the applicable six-month period.**
3. You must meet the requirements described on the reverse side.

Part 1

Participant Name (First, Middle, Last)		Date of Birth (MM/DD/YYYY)	Member ID Number
Participant Address (Street, City, State, ZIP Code)			
SDC-League Health Plan			
Spouse's Name(s)	Gender	Date of Birth (MM/DD/YYYY)	Relationship to Insured
	<input type="checkbox"/> M <input type="checkbox"/> F		

Part 2

Fitness Program
Address (Street, City, State, ZIP Code)
Date(s) Fitness Center Attended (may attach gym utilization reports)

Participant Certification

I certify that these expenses were incurred by myself or an eligible dependent. I attended for the full term of the class (if applicable) offered and attendance can be verified by the provider listed above.	
Participant's Signature _____	Date _____

Aetna Fitness Program Award

For the Participants of SDC-League Health Plan's Medical Benefit Plan

If you have any questions about this program, please call the Member Services number on the back of your ID card.

FITNESS BENEFIT

Your SDC-League Health Plan Aetna medical benefit plan includes a Fitness Program Award that can save you or your family up to \$200 per participant, or \$100 per spouse – 2 times per calendar year. You must complete a minimum of 50 visits per six-month period (you must wait until six months has passed even if you complete 50 visits sooner than six months).

Qualified Health Clubs

A qualified health club is one that offers a variety of cardiovascular and strength-training exercise equipment. These include traditional health clubs, YMCAs, etc.

The Fitness Program Award does not apply to martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues. It also does not apply to aerobic/fitness activity fees (including those paid for personal training, lessons, coaching, exercise equipment, or clothing) paid to a non-qualified health club.

WHAT DO I NEED TO DO?

You can simply complete the enclosed Fitness Program Award claim form and send it to the Aetna address at the top of the form, along with:

- A copy of your health club agreement or contract that includes the name and address of the health club and the membership or class dates.
- Photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for six months of health club membership or class fees.
- A copy of the facility brochure outlining the services provided.