



HEALTH REPUBLIC INSURANCE OF NEW YORK

Gym Reimbursement



WHO IS ELIGIBLE FOR THE GYM MEMBERSHIP REIMBURSEMENT? HOW MUCH CAN BE REIMBURSED?

- You are eligible if you are a subscriber, regardless of which plan you have, as long as you are actively enrolled with Health Republic. If your spouse is covered under your plan, then your spouse, if actively enrolled, is also eligible. Dependents are not eligible.
- Subscribers may receive a reimbursement of up to \$200. Covered spouses may receive a reimbursement of up to \$100. Please note that the actual reimbursement amount depends on how much the subscriber and/or covered spouse has paid in gym membership fees during the period the gym visits occurred.
- There is no age requirement, unless your gym establishes an age requirement.

HOW DOES THE REIMBURSEMENT PROCESS WORK?

- To be eligible for reimbursement, you have to pay membership fees to a licensed gym and go to the gym at least 50 times within a consecutive six-month period. You must track and document those visits.
- When you are ready to submit reimbursement documentation, submit the following:
 1. Health Republic Gym Membership Reimbursement Form: The form is available on our website in the Member Center. It is in the "Forms and Guides" section. You must log in to print the form.
 2. Documentation of Tracked Visits: You can use the second page of the reimbursement form, which is a tracking sheet that can be filled in each time you visit the gym. Or, you can submit an official printout from your gym, but it must contain the total number of visits, dates for each visit, and be signed by a gym manager or representative.
 3. Evidence of Payment: You must submit a copy of your gym bill, or similar documentation, which shows how much you paid in gym membership fees during the period of visits.
 4. Mail or fax the completed forms and documents to the address or fax number indicated on the reimbursement form.
- Reimbursement documentation can be submitted once every six months.
- Members cannot combine gym visits to meet minimum visit requirements.

WHICH GYMS CAN I VISIT FOR THE REIMBURSEMENT?

- Members (subscribers and covered spouses) may visit any licensed exercise facility.
- Limitations and Exceptions: Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual work-out visits. We will not provide reimbursement for equipment, clothing, vitamins, or other services that may be offered by the facility (massages, yoga, etc.).

HOW CAN I CHECK THE STATUS OF MY REIMBURSEMENT?

- You can call our service number, 1-888-990-5702, and speak to the Claims Department. The Claims Department can tell you whether your documents have been received and also the status of the reimbursement. Note: It can take approximately 30 days to process the reimbursement, once it is received.



Gym Membership Reimbursement Tracking Form

Health Republic Insurance of New York

P.O. Box 6329

Syracuse, NY 13217-6329

Member Services: (888) 990-5702 | Fax: (315) 432-9442

Getting motivated to go to the gym is a little bit easier now that Health Republic Insurance of New York (HRINY) gives you a reimbursement towards your gym membership.

How does it work?

As an HRINY subscriber, all you have to do is go to the gym 50 times in a six-month period to be eligible for a \$200 reimbursement on your gym membership. In addition, if your spouse or domestic partner also is covered on your HRINY plan, he/she can receive \$100 if he/she also uses the gym 50 times in six months. Gym visits must occur during active HRINY coverage. Reimbursement will be processed within 30 days and mailed to your address on record.

Process to Receive Reimbursement:

- ☐ Completely fill out both sides of this form.
- ☐ Submit a copy of your current gym bill showing the membership fee paid for the dates of use under consideration.
- ☐ Submit one of the following: 1) Complete the tracking form on page two. A gym facility representative must sign and date the reimbursement form after each visit to the gym.
OR 2) Request an official printout from the exercise facility, which specifies the number of visits and the dates of each visit. It must be signed by a facility representative.

COMPLETE INFORMATION BELOW

Submit one form per member. Please print.

→ SUBSCRIBER INFORMATION:

Name (Last, First, Middle Initial): _____

→ SPOUSE/DOMESTIC PARTNER INFORMATION:

Name (Last, First, Middle Initial): _____

HRINY Member ID#

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Calendar/Membership Year: 201_____

Name of Gym Facility where you are an active member: _____

Address of Facility (Street/City/State/Zip): _____

Telephone: _____ Gym Facility Representative Name (please print) _____

Gym Facility Representative Signature _____ Date: _____

YOUR SIGNATURE REQUIRED

I _____ (HRINY Member) attest that the above information is true and accurate, and the services were received and paid for as detailed in the bill information provided here from my exercise facility/(ies) named. I acknowledge that if any information on this form is misleading or fraudulent, it will result in the denial of my reimbursement. I also understand that Health Republic Insurance of New York may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the gym membership reimbursement may be considered taxable income.

Member Signature: _____ Date: _____

Para recibir información en Español por el correo, por favor llame al 888-990-5702



Required: Track Your 50 Gym Visit Dates & Signatures from Gym Staff

Date of Visit	Signature of Facility Representative	Date of Visit	Signature of Facility Representative	Date of Visit	Signature of Facility Representative
1.		18.		35.	
2.		19.		36.	
3.		20.		37.	
4.		21.		38.	
5.		22.		39.	
6.		23.		40.	
7.		24.		41.	
8.		25.		42.	
9.		26.		43.	
10.		27.		44.	
11.		28.		45.	
12.		29.		46.	
13.		30.		47.	
14.		31.		48.	
15.		32.		49.	
16.		33.		50.	
17.		34.			

Please submit this form and all documentation to:

Health Republic Insurance of New York | P.O. Box 6329 | Syracuse, NY 13217-6329

OR Fax to: (315) 432-9442

Para recibir información en Español por el correo, por favor llame al 888-990-5702