IT FITS!

Fallon Health is proud to offer It Fits!, a program that pays GIC members back for being healthy. With Fallon, you get physical and financial benefits for being active.

Direct Care members, how will you use your $400?

Direct Care members get reimbursed $400 per family contract and $200 per individual contract.

Select Care members, how will you use your $100?

Select Care members get reimbursed $100 per family contract and $100 per individual contract.

You choose

Whether you love the gym, prefer the slopes, or play Little League, we want to give you money to use toward a variety of different healthy activities.

Use your money toward:

- Local school and town sports programs
- Ski mountain lift tickets and season passes!
- Gym memberships–at the gym of your choice
- Pilates
- Aerobics classes
- Weight Watchers® and Jenny Craig®
- Karate
- Sports camps
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of new cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required. Excludes secondary markets such as Craigslist and eBay.

How do you get paid?

Simple. Complete the It Fits! Reimbursement Form and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity. If you need a form, visit fallonhealth.org/gic, and click on "It Fits! fitness reimbursement" under "Tools for members."

For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at 1-866-344-4442 (TRS 711).

Weight Watchers® is a registered trademark of Weight Watchers International, Inc. Jenny Craig® is a registered trademark of Jenny Craig, Inc.

It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per benefit year.* **Requests must be made no later than three months following a benefit year in order to receive reimbursement.** For more information about other fitness discounts, visit fallonhealth.org. **To find your annual reimbursement amount(s), go to fallonhealth.org/gic, under "Tools for members," click "Member portal," then click on "Your benefits."**

Two ways to get reimbursed:
1. Mail completed form to:
   Fallon Health
   P.O. Box 211308
   Eagan, MN 55121-2908
2. Email completed form to:
   reimbursements@fallonhealth.org

Subscriber information

Subscriber's last name _____ First name _____ Middle initial _____

Address _____ City _____ State _____ ZIP _____

Subscriber's ID # (located on the front of your card) _____ (_____) Telephone number _____

Activity/item for reimbursement**

Type of activity/item	Program/gym/name/retailer	Benefit year	Amount requested

Information needed for reimbursement

❏ This completed form.

❏ A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of the enrolled members.

❏ Dated original receipts or copies of bank/credit card statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization *(This form must be signed and dated below by the subscriber.)*

Reimbursement is subject to approval by Fallon Health. Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check should be made to (check one):

❏ Subscriber ❏ Member_____

Agreement:
I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for the eligible subscriber.

Subscriber's signature_____Date_____

Program eligibility and benefits may vary by employer, plan and product. Cardiovascular home fitness equipment must be new (not used) and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

**A benefit year is the 12-month period during which your annual health insurance plan design features such as deductibles and out-of-pocket maximums accumulate. A benefit year is often, but not always, January 1 through December 31.*

***Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.*