It Fits!

\$200 for being active

Fallon Medicare Plus[™] Freedom is proud to offer It Fits!, a program that pays you back for being healthy. With Fallon's Freedom plan, you get physical and financial benefits for being active. It Fits! is a flexible fitness benefit, reimbursing individuals \$200 per benefit year.

You choose

Whether you love working out at home with several streaming fitness options, prefer the slopes, or run in road races, we want to pay you back for participating in different healthy activities.

Use up to \$200 toward:

- Peloton subscriptions
- Gym memberships—at the gym of your choice with no limitations
- Pilates
- Yoga
- Aerobics classes
- Ski mountain lift tickets, lessons and season passes

- Streaming fitness programs
- WW[®] and Jenny Craig[®]
- Swim lessons
- Dance lessons
- Kickboxing
- Karate
- Race fees
- And more!

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

Eligible equipment includes:

- Treadmills
- Elliptical machines
- Stationary cycles

- Rowing machines
- Home gyms
- And more!

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

How do you get paid? Simple. Complete the form on the back of this flyer, and supply any necessary documentation, such as a health club contract, equipment receipt, or a copy of a registration form for a road race.

For your convenience, we accept multiple receipts and requests on one form.

1-800-868-5200 (TRS 711) fallonhealth.org



It Fits! Reimbursement Form

Fallon Medicare Plus Freedom members are eligible for reimbursement once per benefit year.* Members may request up to \$200 per individual contract. In order to receive reimbursement, requests must be made no later than three months following a benefit year. For more information, visit fallonhealth.org.

Two ways to get reimbursed:

- 1. Mail completed form to: Fallon Health & Life Assurance Co. P.O. Box 211308 Eagan, MN 55121-2908
- 2. Email completed form to: reimbursements@fallonhealth.org

Member information

Member's last name	First name		Middle initial
Address	City	State	ZIP
Member'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

- $\hfill\square$ 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 race or a town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- Dated original receipts or copies of bank/credit 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 Medicare Plus Freedom 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 member.)

Reimbursement is subject to approval by Fallon Health & Life Assurance Company. (*This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.*) Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check will be made to the 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.

Member's signature _____

Date _____

* A benefit year is a 12-month period which is often, but not always, January 1 through December 31. ** Reimbursement amounts may vary.

Fallon Medicare Plus Freedom is offered through Fallon Health & Life Assurance Company, Inc., a wholly owned subsidiary of Fallon Community Health Plan, Inc.

Program eligibility and benefits may vary by employer, plan and product. 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.

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