

# 2024 FITNESS REIMBURSEMENT! YOUR REWARD FOR HEALTH



Be sure to check with your doctor before starting any exercise program.

**Get money back each year for participating in a qualified fitness program!**

### **Qualified for Fitness Reimbursement:**

- Personal training sessions for cardiovascular and strength training.
- Cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights.
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs.

### **Not Qualified for Fitness Reimbursement:**

- One-time initiation or termination fees.
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams, or leagues.
- Fitness clothing.

### **Get reimbursed in three easy steps!**

1. Start by picking a qualified fitness program and keep records of how you completed those workouts.
2. Fill out the attached form and submit it with receipts, once a year or when you have met the total refund allowed. Fountain Health reserves the right to ask for proof of workout completion.
3. Email the completed form to Fountain Health Insurance at the email address listed.

# FITNESS REIMBURSEMENT FORM



Identification Number on Subscriber ID Card \_\_\_\_\_

Subscriber's Last Name First Name M.I. \_\_\_\_\_

Address: Number and Street City State Zip Code

Employer's Name \_\_\_\_\_

Member's Last Name First Name M.I. \_\_\_\_\_

Date of Birth: MM/DD/YY \_\_\_\_\_ Gender: Male  Female

Claim is for:

Subscriber (policyholder) \_\_\_\_\_

Spouse (of policyholder) \_\_\_\_\_

Dependent (age 18-26) \_\_\_\_\_

Where do you work out?

*Example: Gym (provide name), Peloton (app/bike/tread), Run outside, Yoga studio, Barry's Bootcamp Videos, etc.*

**To be eligible for reimbursement you must submit receipts for the fitness class.  
Please submit your workout summary to: [fitness@fountainhealth.com](mailto:fitness@fountainhealth.com)**

**My signature below affirms that all the information listed above is full, complete, and true to the best of my knowledge.**

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

## Congratulations on your fitness success!

This fitness reimbursement form is only applicable for those member 18 years or older.

Reimbursement may be considered taxable income, so consult your tax advisor.

All invoices, receipts, and completed fitness forms must be submitted by December 15, 2024.

Fountain Health will send reimbursements via check, to the mailing address on the fitness form on June 30th and December 31st, 2024.

Reimbursements total no more than \$150 per primary insured and \$100 for dependents. You will be notified when your reimbursement has been processed.

Support@FountainHealth.com  
866-609-1525