



## Fitness Claim Form

Please read the instructions below, then fill out the Fitness Claim Form on page 2.

### Mailing Instructions

**Keep copies of all documentation before sending in your Fitness Claim Form.**

Please enclose copies of the following:

1. Copy of your health club membership agreement
2. Completed Fitness Claim Form
3. Copy of at least three months of receipts/proof of payment in a calendar year (cash/check/credit/electronic) for health club membership dues clearly documenting your name and the health club name. Dues must equal or exceed amount being claimed.

Mail to: **Vibra Health Plan**  
**ATTN: Member Claims**  
**PO Box 60250**  
**Harrisburg, PA 17106-0250**

### Commonly Asked Questions and Answers

#### How do I qualify for a reimbursement?

- You must be actively enrolled in the Vibra Health Plan Enhanced Coverage PPO for the months you are requesting reimbursement.
- Health club membership must be for up to three months in a current calendar year for each request.

#### When can I submit my Fitness Claim Form?

Starting with April 1 of the current calendar year and when you have met the above-stated criteria. See the schedule on the claim form.

#### How does my health club qualify?

- Qualified, full-service health/fitness clubs have cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness. Validation as full service is subject to approval by Vibra Health Plan.
- Facilities/programs that DO NOT qualify for reimbursement include: martial arts centers, gymnastics facilities, country clubs, fees for personal trainers, tennis or pool-only facilities, as well as sports teams and leagues, personal equipment and clothing.

#### How much can I claim for reimbursement?

- Reimbursement is up to \$90 per quarter (three months), in total for health club membership dues for the member.

#### What happens once I submit the Fitness Claim Form?

- Reimbursement checks will be mailed and made payable to the member at the member's address of record.
- If you believe your current address is different than the address of record in Vibra Health Plan's systems, please contact us prior to submitting your Fitness Claim Form.
- Please allow up to 4 weeks for processing.

**If you have questions, please call Member Services at 1.844.388.8268 (TTY users call 711), 8 a.m. to 8 p.m., 7 days a week.**



## Fitness Claim Form

To be filled out by Vibra Health Plan member. Please use blue or black ink and print all information clearly.

### When to submit this form

- After you have been a member of a health club and actively enrolled in Vibra Health Plan Enhanced Coverage PPO for at least three months in a calendar year.
- Once per quarter, filed in the following quarter (but no later than March 31 of the following year for the fourth quarter), with all necessary receipts and/or health club contract with proof of payment.
  - January to March—submit beginning in April
  - April to June—submit beginning in July
  - July to September—submit beginning in October
  - October to December—submit beginning in January
- Once all sections have been completely filled out and signed by the member or personal representative.

### Section A – Member Information (person who holds coverage)

Vibra Health Plan ID Number	Member's Last Name	First Name	Middle Initial
Address	City	State	ZIP Code

### Section B – Health Club Information

	Dates mm/dd/yyyy	Club Name	City, State	Phone Number (xxx) xxx-xxxx	\$ Amount being claimed
ATTACH RECEIPTS	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

Total number of documents attached \_\_\_\_\_ Total dollar amount being claimed \$ \_\_\_\_\_

### Section C – Member Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_