



Mail Reimbursement Form to:
 Blue Benefit Administrators of
 Massachusetts
 P.O. Box 55917
 Boston, MA 02215-3326

Phone:
 877.707.2583
 Fax: 877.596.2583

**SULLIVAN TIRE WELLNESS PROGRAM-80888
 APPLICATION FOR REIMBURSEMENT CLAIM FORM:**

This claim form must be accompanied by a copy of an itemized bill on provider letterhead to be eligible for plan reimbursement. You must complete each of the sections below.

SECTION I: EMPLOYEE INFORMATION		
NAME	SEX MALE FEMALE	DATE OF BIRTH
STREET ADDRESS	HOME PHONE NO.	
CITY, STATE, ZIP CODE	MEMBER IDENTIFICATION NUMBER	

SECTION II: CLAIMANT INFORMATION			
NAME	DATE OF BIRTH	SEX MALE FEMALE	RELATION SELF SPOUSE DOMESTIC PARTNER
STREET ADDRESS		HOME PHONE NO.	
CITY, STATE, ZIP CODE		SOCIAL SECURITY NO.	

SECTION III: BENEFIT TYPE (Refer to the Summary Plan Description or Reverse of Page for Coverage Details)

- FITNESS BENEFIT** — 100% up to \$150 per person/family, every calendar year for reimbursement of health club membership fees. Each Covered Person claiming all or part of these benefits must have paid at least four months' fees for that calendar year. A paid receipt(s) must accompany this form.
- WEIGHT LOSS BENEFIT** — up to \$150 per individual or family in each calendar year to reimburse fees paid for qualified Weight Watchers, Jenny Craig programs or hospital-based weight loss programs offered by and held by licensed hospitals.

To be eligible for reimbursement the covered person must file a claim and a paid receipt/itemized statement from the rendering provider no later than March 31st after the year for which the covered person is claiming their benefit.

Members Statement

I certify that the above is complete and correct and that I am claiming benefits only for charges incurred by the patient above. Authorization is hereby given to any hospital, physician, or other provider which participated in any way in my care and treatment to release to BBA any information which they in their judgment deem necessary to the adjudication of this claim.

Member Name (please print) _____

Member Signature _____ Date _____

Plan Details

Wellness Benefits: While the employee is enrolled in this Plan, they may be reimbursed for some fees that they pay to participate in fitness programs and/or weight loss programs. Any deductible, copayment, coinsurance, and out-of-pocket maximum provisions do not apply to these wellness benefits.

Fitness Benefit:

The Plan provides up to \$150 per family per plan year for any combination of fees incurred by the employee or their covered dependents to ward the following:

- Privately-owned or privately sponsored health clubs or fitness facilities, including individual health clubs and Fitness centers, YMCA's, YWCA's, Jewish Community Centers, and municipal fitness centers after 4 months of active membership
 - Sporting equipment to include treadmills, weight set, free weights, stationary bicycle, and elliptical machines
 - Pilates, yoga classes, and Zumba classes after 4 months of active participation
 - Aerobics classes (when taught by a certified instructor)
 - Meditation classes after 4 months of active participation
 - Hypnotherapy for smoking cessation, massage therapy sessions
 - Educational classes (such as nutrition, healthy cooking, controlling diabetes)
- ***No fitness benefits are provided for any fees or costs for: country clubs, social clubs (such as ski or hiking clubs), sports teams, or leagues, spas, instructional dance studios, and martial arts schools.

Weight Loss Benefit:

The Medical Plan will provide up to a total of \$150 in each calendar year to reimburse fees paid for qualified Weight Watchers, Jenny Craig programs, Awaken 180, licensed nutritionist visits or hospital-based weight loss programs offered by and held at licensed hospitals. These do not include programs offered at specialty clinics, health centers, or health spas.

The employee can claim this maximum weight loss program benefit of \$150 for any combination of fees incurred by the employee or their covered dependents. However, this \$150 benefit is the total weight loss program benefit that is reimbursed during a calendar year.

*No weight loss program benefit is provided for any fees or costs for: food, books, videos, scales, or other items or supplies bought by the covered person, and any other items not included as part of weight loss.