



NY Facility Reimbursement

One form must be submitted per person per reimbursement request.

Subscriber name	
Subscriber Aetna ID number (the number on your Aetna medical ID card)	Subscriber's spouse/domestic partner name (only enter name if form is being submitted for spouse/domestic partner reimbursement)
Name of exercise facility (if more than one facility is used, enter the primary one)	
Address of exercise facility	
Exercise facility representative name	Exercise facility representative phone number
Exercise facility representative e-mail address	Total cost of membership per 6-month period

Exercise Facility Documentation

	Exercise facility representative signature	Date of visit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		

continued on next page

Subscriber name

Exercise Facility Documentation *(continued)*

	Exercise facility representative signature	Date of visit
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		

Program requirements:

- Fees must be paid to approved exercise facilities which maintain equipment **and** programs that promote cardiovascular wellness.
- Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed.
- Lifetime memberships are not eligible for reimbursement.
- Reimbursement is limited to actual work-out visits. Reimbursement will not be offered for equipment, clothing, vitamins or other services that may be offered by the facility (massages, yoga, etc.).

Member must also:

- Be an active member of the facility
- Complete 50 visits in 6 months

Terms & conditions:

I agree that all information entered is truthful and accurate and may be subject to verification at any time. I understand that I am eligible to be reimbursed \$200 for myself as the subscriber and \$100 for my eligible spouse/domestic partner, or the actual cost of the six-month membership, whichever is less. A fitness reimbursement request must be submitted within 90 days of the end of your plan term.	
Subscriber (or spouse/domestic partner*) signature	Date

*Required if reimbursement request is being submitted for your spouse/domestic partner.