

# 2013-2014 Wellness Fitness Activity Reimbursement

**NY44 LIVING HEALTHY**  
rewards program



Please print clearly:

Employer (School/ District Name): \_\_\_\_\_

Primary Enrollee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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Family Health Coverage

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Single Health Coverage

The following services or items that sustain activity and occur or begin in the plan year (July 1 thru June 30) and are not a one-time event are reimbursable annually up to \$150 for Family and \$100 for Single health insurance plans. **Deadline for claims for a specific school year dated July 1 to June 30 of that school year is August 31. No exceptions.** Examples below are illustrative and not all inclusive. Payments are made directly to the primary enrollee (no third party payments).

( ) **Gym, Fitness, or Aquatic Memberships**

Examples: Curves, World or Gold's Gym, YMCA, Aquatic Centers, Jewish Center,

**Not Covered:** Maintenance/ Annual Fees, Food or Beverage purchases, child care, tanning

( ) **Exercise or Yoga Classes** (multiple classes over a sustained period and not physical therapy)

Examples: Yoga, Aerobics, Spinning, Dance Class, Martial Arts, Community Education Exercise Classes, Gymnastics, Tennis Lessons. **Not Covered:** costume/ fundraising fees, accessories such as yoga mats or sneakers

( ) **Purchase of Equipment** (found in a gym or fitness center)

Examples: Recumbent Bike, Treadmill, Elliptical Machine, Weights.

**Not Covered:** Sports related apparel or accessories; outdoor bicycles.

( ) **Leagues** (promote activity over a sustained period)

Examples: Baseball, Soccer, Basketball, Volleyball, Bowling, Golf, Football, Hockey, Ski Pass, Racquet Club

**Not Covered:** Green Fees or Fees that are above the registration/membership

( ) **Licensed Massage Therapy Session(s)**

Examples: Swedish, Therapeutic, Sports, Trigger Point, Neuromuscular, Deep Tissue, Chair, Cranial Sacral, Geriatric, Reflexology, Shiatsu, Thai, Hot Stone, Prenatal/Pregnancy. **Not covered:** Massage from unlicensed therapists, Facials, Massage memberships

( ) **Miscellaneous**

Examples: Weight Watchers (membership fee only, not food purchases/ diet supplements), Exercise DVDs,

**Not eligible for reimbursement:** orthotics, clothing, electronic gaming equipment, consoles, software, accessories

Amount Paid: \$ \_\_\_\_\_

Amount to be Reimbursed: \$ \_\_\_\_\_ (Do not include S&H or taxes)

## Check List

( ) Complete the form: employer name, primary enrollee's name, home address, and contact phone number.

( ) Attach Documentation: Multiple sources may be used. Documentation must include facility/ program/ store name / Massage Therapist (LMT) state license #; your name or name of eligible dependent ; name of person participating in the activity; timeframe for activity and/or date of payment for purchase; description of purchase/ activity/ membership; proof of payment, which includes your name or the name of an eligible dependent. Massage Therapy must include therapist's state license # on letterhead or script form. Homemade computer receipts must be accompanied by a flyer or completed registration form with detailed proof of payment (cancelled check/ credit card statement/ online bank statement).

( ) Attach brochure/ flyer/ program listing with a description and fee schedule of the activity.

**Send Completed Claim Form and Documentation to:** Wellness Fitness Activity Reimbursement; Attn: Jeni Kapalczynski; NY44 Health Benefits Plan Trust, E1B, 355 Harlem Road, West Seneca, NY 14224 or fax to 716-821-7439. **Hand delivered submissions will not be accepted.** For additional information or questions, call 716-821-7161 or visit [www.ny44.e1b.org](http://www.ny44.e1b.org).

Rev. 7/1/2013

# 2013-2014 Wellness Fitness Activity Reimbursement GUIDELINES

**NY44 LIVING HEALTHY**  
rewards program



NY44 Health Benefits Plan Trust participants are eligible per plan year for \$100 in reimbursement toward health and wellness activities per single health insurance plan and \$150 in reimbursement per family health insurance plan. The following definition has been drawn up to outline what is reimbursable: *For purposes of this health and wellness program, reimbursable health and wellness activities include sustained programs that actively involve eligible Trust participants in promoting healthier lifestyles.*

**Timeline to Submit Claims:** Claims can be submitted with receipts for the plan year running from July 1 to June 30. Deadline for claims dated July 1 to June 30 is August 31.

**EXAMPLE:**

Plan Year: July 1, 2013 – June 30, 2014 – **Receipts must be dated within this timeframe.**

Deadline to submit claim form: August 31, 2014 – You have until August 31, 2014 to submit your claim form, with correct documentation dated July 1, 2013 - June 30, 2014. **No Exceptions.**

**Eligible :** The following services or items that sustain activity that occurs or begins in the plan year (July 1 through June 30) and are **NOT** a one-time event are reimbursable, except in the case of a Licensed Massage Therapy Session. Activities may include, but are not limited to, participation with fitness clubs, weight reduction programs, yoga and aerobics classes. Purchase of fitness equipment such as treadmills, exercise bicycles and other home gymnasium equipment typically found in fitness centers along with fitness video tapes are eligible for reimbursement. Leagues that promote activity over a sustained period are also eligible.

**Not Eligible:** Equipment primarily intended for therapeutic or recreational reasons will **NOT** be reimbursed. Fitness or sports related apparel and accessories will **NOT** be considered eligible for reimbursement. Registration fees for one-time athletic events or activities are also **NOT** eligible. Orthotics are **NOT** eligible for reimbursement. Clothing is **NOT** eligible for reimbursement. Electronic gaming systems/consoles/software/accessories, such as Wii FitPlus, are **NOT** eligible for reimbursement. Facials, massage therapy from an unlicensed therapist and massage memberships are **NOT** eligible.

**Please see the claim form for an expanded list of reimbursable items or contact Jeni Kapalczynski, Wellness Coordinator at 716-821-7161 with questions.**

**Appeals:** If a claim is denied, appeals may be made to the Plan Administrator. Claimants are not required, but may wish to submit a unique wellness expense to the Trust prior to participation for reimbursement approval. The decision of the Trust is final.

**Submit:** Claim forms can be submitted via mail (see address below), fax to 716-821-7439 or through inner office mail. **Hand delivered submissions will not be accepted.** The Fitness Activity Claim Form can be found on the Trust Web site at <http://www.ny44.e1b.org> under "Forms." You must submit the following:

1. **A Completed Form:** employer name (district or school name), primary enrollee's name, home address (this is where the reimbursement check will be sent) and contact phone number.
2. **Attach Documentation:** Multiple sources may be used. Documentation must include facility/ program/ store name/ Licensed Massage Therapist state license #; your name or name of eligible dependent ; name of person participating in the activity; timeframe for activity and/or date of payment for purchase; description of purchase/ activity/ membership; proof of payment, which includes your name or the name of an eligible dependent. Massage Therapy must include therapist's state license # on letterhead or script form. Homemade computer receipts must be accompanied by a flyer or completed registration form with detailed proof of payment (cancelled check/ credit card statement/ online bank statement).
3. **Attach:** Brochure, flyer, program listing with a description and fee schedule for the activity.

**Mail to:** Jeni Kapalczynski, NY44 Health Benefits Plan Trust, E1B, 355 Harlem Road, West Seneca, NY 14224 or call 716-821-7161 with any questions.

**Claims Processing:** Incomplete or incorrect documentation will delay processing. You will be contacted and asked to resend proper documentation if it is received incomplete or incorrect, or if no receipt accompanies your claim form. **Please allow 6 to 8 weeks to receive your reimbursement.** **Payment:** Payment is made directly to the primary enrollee (no third party payments).