



# Dartmouth College/Cigna Fitness Benefit

## If you have CIGNA benefits, we've got a healthy incentive for you!

As a customer of the CIGNA Medical Plan, you are eligible for a fitness reimbursement of up to **\$200 per calendar year (combined family maximum)** in qualified fitness facility membership fees or exercise class fees.

## What kind of Fitness Facility Membership Qualifies?

Start exercising your option by picking a fitness facility that works for you. Examples of facilities that qualify include full service fitness facilities (with an array of cardiovascular and strength-training exercise equipment) as well as martial arts centers, yoga studios, gymnastics facilities, tennis, aerobic or pool only facilities and programs with a qualified personal trainer. Fees paid for attending aerobic/fitness classes at a qualified fitness facility without an annual membership will also be covered.

The fitness reimbursement is for fitness activities that occur 2 times per week, for at least 10 out of 20 weeks. A Fitness Reimbursement Log Card with instructor/facility sign-off must be submitted along with the Fitness Reimbursement Form, and receipts, to Cigna.

## Here's what you need to do:

Reimbursement will be provided based on receipts you accumulate and submit up to a \$200 limit per family\* each calendar year. Reimbursement forms and receipts must be completed and submitted within 90 days of the end of the calendar year.

## Simply send the following items to CIGNA:

- ◆ Fitness Reimbursement Form (attached), answering all questions (please note that the \$200 is per family\* per calendar year).
- ◆ Dated, original receipts from your fitness facility, or copies of bank or credit card statements if you pay by electronic fund transfer, showing:
  - The member's name
  - Individual charges demonstrating a minimum of 10 weeks participation
- ◆ A copy of your Fitness Reimbursement Log Card (attached)
- ◆ Sign and date the completed Fitness Reimbursement Form, then mail us all of the above.
- ◆ You can submit once you have met the criteria of working out at least 2 times per week for a minimum of 10 out of 20 weeks.
- ◆ Please be sure to submit your form, log card and receipts for reimbursement within 90 days of the of the calendar year.

*Always consult a physician before beginning any new exercise program.*



\* Family = adult member age 18 +

# Dartmouth College/Cigna Fitness Reimbursement Form

PLEASE PRINT ALL INFORMATION CLEARLY

CIGNA ID Number	Last Name	First Name	Middle Initial
Address - Number & Street		City	State
			Zip Code
Employer's Name     Dartmouth College			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):	
<b>WHEN TO SUBMIT FORM</b>			
<ul style="list-style-type: none"><li>• After you have met the criteria of working out at least 2 times per week for a minimum of 10 out of 20 weeks</li><li>• After you have collected \$200 in receipts from qualified fitness facilities</li><li>• Once per calendar year</li><li>• Please be sure to submit your reimbursement form, log card and receipts for reimbursement within 90 days of the end of the calendar year.</li></ul>			
<b>CLUB/CLASS INFORMATION REQUIRED</b> <i>(Attach itemized receipts)</i>			
Name and Address of fitness facility	Dates of Service	Amount Charged	

TOTAL NUMBER OF RECEIPTS ATTACHED: \_\_\_\_\_ TOTAL CHARGES: \$ \_\_\_\_\_

All Fitness Benefit payments will be sent to the Customer's address on file.

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below)

I authorize the release of any information to CIGNA about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Cigna Customer Signature/Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to the below address. Please also allow up to four weeks for processing.

CIGNA  
Attn: Debra Sargent  
2 College Park Drive  
Hooksett, NH 03106

Note: If services are denied, a denial letter will be sent to the customer's home address. Please be sure to keep copies of your form and receipts, we will not return any receipts or claims forms.



## Dartmouth College / Cigna Fitness Reimbursement Log Card

Name: \_\_\_\_\_

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

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

Cigna ID #: \_\_\_\_\_

All workouts must be logged in the same calendar year.  
 To qualify, you must exercise a minimum of two times per week for 10 out of 20 weeks.  
 (To meet exercise requirements within a calendar year, this log card must be  
 started no later than October 22<sup>nd</sup> of a given calendar year).

**Return Log Card along with Fitness Reimbursement Form and Receipts to:**

Cigna Healthcare – Attention: Debra Sargent  
 2 College Park Drive  
 Hooksett, NH 03106

FITNESS LOG CARD		Record daily exercise here. (Fitness Facility Employee / Instructor confirmation initials go inside the box.)			
Record dates at the beginning of each week here		Day 1		Day 2	
		Exercise	Initial	Exercise	Initial
Week 1	/ /				
Week 2	/ /				
Week 3	/ /				
Week 4	/ /				
Week 5	/ /				
Week 6	/ /				
Week 7	/ /				
Week 8	/ /				
Week 9	/ /				
Week 10	/ /				
Week 11	/ /				
Week 12	/ /				
Week 13	/ /				
Week 14	/ /				
Week 15	/ /				
Week 16	/ /				
Week 17	/ /				
Week 18	/ /				
Week 19	/ /				
Week 20	/ /				

*Electronic copies verifying attendance, printed on fitness facility letterhead, will also be accepted.*