



# Fitness Program Award Reimbursement Request

For internal purposes only: HLRR

**Submit Claims To:**  
Aetna, Inc.  
PO Box 981106  
El Paso, TX 79998-1106

**Failure to complete form in full may cause delay in payment.**

## Employee Instructions:

1. Complete Parts 1 & 2 in full.
2. Attach fitness club verification that **12 visits have been completed per the applicable one-month period.**
3. You must meet the requirements described on the reverse side.

## Part 1

Employee Name (First, Middle, Last)		Date of Birth (MM/DD/YYYY)	Member ID Number
Employee Address (Street, City, State, ZIP Code)			
Employer Name <b>Essex County Vocational Technical Schools</b>			
Family Member's Name	Gender	Date of Birth (MM/DD/YYYY)	Relationship to Insured
	<input type="checkbox"/> M <input type="checkbox"/> F		

## Part 2

Fitness Program
Address (Street, City, State, ZIP Code)
Date(s) Fitness Center Attended (may attach gym utilization reports)

## Employee Certification

I certify that these expenses were incurred by myself or an eligible dependent. I attended for the full term of the class (if applicable) offered and attendance can be verified by the provider listed above.	
Employee's Signature _____	Date _____

# Aetna Fitness Program Award

*For the Members of Essex County Vocational Technical Schools Medical Benefit Plan*

***If you have any questions  
about these programs,  
please call the Member Services  
number on the back of your ID card.***

## **FITNESS BENEFIT**

Your Essex County Vocational Technical Schools Aetna medical benefit plan includes a Fitness Program Award for you and your covered family members of \$20 per month. You must complete a minimum of 12 visits per one-month period.

### **Qualified Health Clubs**

A qualified health club is one that offers a variety of cardiovascular and strength-training exercise equipment. These include traditional health clubs, YMCAs, and JCCs.

The Fitness Program Award does not apply to martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues. It also does not apply to aerobic/fitness activity fees (including those paid for personal training, lessons, coaching, exercise equipment, or clothing) paid to a non-qualified health club.

## **WHAT DO I NEED TO DO?**

You can simply complete the enclosed Fitness Program Award claim form and send it to the Aetna address at the top of the form, along with:

- A copy of your health club agreement or contract that includes the name and address of the health club and the membership or class dates.
- Photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for health club membership or class fees.
- A copy of the facility brochure outlining the services provided.