

Wellness Reimbursement Request Form and Q & A



Medicare supplement plan

How to submit a reimbursement request

1. Refer to the Q & A about this program on the back of this form.
2. Complete the request for information below.

Everence plan agreement number (listed on membership card)

Name

Address

City

State

Zip Code

3. Attach the actual receipts showing the amount paid and the time frame involved.
4. Read, sign and date this attestation:

I understand that regular exercise can help prevent or delay disease. By submitting my paid receipts for reimbursement, I attest that I am actively* using the exercise facility and/or approved exercise classes/programs that are attached. I also understand that Everence may choose to substantiate this information at any time and I give my authorization to Everence to follow up with the exercise facility/program as needed.

Signature

Date

5. Mail to: MS Wellness Benefit, Everence, P.O. Box 483, Goshen, IN 46527.

**Depending on the program you are participating in, suggested activity level is at least one to two times per week.*

Everence Association, Inc., a fraternal benefit society
1110 N. Main St. Toll-free: (800) 348-7468
P.O. Box 483 T: (574) 533-9511
Goshen, IN 46527
everence.com

O & A for Medicare Supplement Wellness Reimbursement Program

1. What fitness facilities and programs are eligible for reimbursement under this program?

- Gym memberships
- CURVES
- Currently utilizing retirement community gym facilities or exercise program
- Yoga, aerobics or tai chi type individual exercise classes
- Swimming/water exercise classes
- Cardiac or other rehabilitation programs, if not covered by Medicare

2. How does Everence define “ACTIVELY” using a gym membership or exercise program?

- Depending on the program you are participating in, suggested activity level is at least one or two times per week.

3. What if I started my gym membership or exercise classes prior to my enrollment in an Everence Medicare supplement plan?

- Everence will reimburse you for eligible expenses beginning with the date of your enrollment in our Medicare supplement plan, but not before Jan. 1, 2015.
- If you have purchased a Lifetime Membership sometime in the past and you are still actively using the facilities, you can still apply for reimbursement. You must be able to submit proof of the total paid amount along with a completed form. Reimbursement is limited to \$120 per year, if activity levels are maintained. This process will be repeated each time you are requesting a reimbursement and can be filed in either 6 month or 12 month increments. The accumulated reimbursements cannot exceed the Lifetime Membership Fee that was paid.

4. How much will I be reimbursed and when can I be reimbursed?

- Reimbursements are for past usage and are not an advance payment on future usage.
- Everence will reimburse up to \$10 per month, or a maximum of \$120 per year, but the total reimbursement cannot exceed the actual expense.
- Each reimbursement request must include a minimum of 6 months of expenses or a maximum of 12 months of expenses.

5. If my spouse and I both have Everence Medicare supplement plans, how much can we be reimbursed for?

- You may each be reimbursed up to \$10 per month, or a maximum of \$120 per year, but the total reimbursement cannot exceed the actual expense.
- A separate form must be completed for each person requesting reimbursement.

6. What are considered acceptable receipts, or proof of my expenses and activity?

- We need actual receipts, or a document from the gym on its stationary, which shows the amount paid and the dates of the period paid for.
- If attending individual exercise classes, you must provide a paid receipt showing your name, the name of the class, the cost of the class and it must be signed and dated by the instructor.
- If you live in a Retirement Community and your gym costs are part of your monthly rent or housing fee, we require a written statement from a director at the facility that specifies the amount of your fees designated for the gym and/or exercise class privileges. In addition, we need verification (i.e. from the fitness program manager) that you are actively using the exercise facilities, in the form of a document on the community's letterhead, signed and dated by the fitness program manager for each period of time that you are submitting for reimbursement.

7. What if I have additional questions?

- Contact Member Services by telephone at 800-348-7468 ext. 2460 or email your question to: member.services@everence.com .

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