

Wellness Reimbursement Request Form with Q & A



Your Medicare Supplement wellness benefit

We are so glad you want to stay fit. To submit your request for reimbursement of six months or more of fitness expenses, please complete this form. Questions? See the Q & A on the back side.

Name

Everence® plan agreement number (listed on membership card)

Address

City State ZIP Code

Dates you are requesting reimbursement from: _____ to _____
Month Day Year Month Day Year

Name of fitness location

Name of community/association if using a fitness program where cost is included in rent/fees

Describe fitness activity:

By submitting my paid receipts for reimbursement, I attest that I am actively using the exercise facility or participating in exercise classes/program as noted on the receipt. I understand Everence may ask for more information and follow up with the exercise facility, as needed.

Signature Date

Then simply send your completed form and receipt via email or mail to: member.services@everence.com or Member Services, Everence, P.O. Box 483, Goshen, IN 46527. Thank you!

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: About your wellness benefit

1. What fitness facilities and exercise programs qualify for reimbursement?

- Gym or fitness center memberships or classes, including at retirement communities
- Yoga, aerobics, tai chi or swimming/water classes or one-on-one personal training
- Cardiac or other rehabilitation programs, if not covered by Medicare

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

- You will be reimbursed for up to \$10 per month, or a maximum of \$120 per year. The total cannot exceed the actual expense.
- Reimbursement is for past use (even from the prior year) that you have paid for and not in advance of future use.
- Each reimbursement form must include a minimum of 6 months of expenses or a maximum of 12 months of expenses.

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

- A copy of your receipt, or a document from the gym or exercise class on its stationery that shows the amount paid. If submitting this form via email, you can also email a clear photo of your receipt.
- If the cost is included in the rent or fee at your retirement community, a statement is acceptable that specifies the amount designated for the fitness center or class costs and signed by fitness center administrative staff.

4. What if I started my gym membership or exercise classes before enrolling in the Medicare supplement plan with Everence?

If you paid for a membership or program in the past that you still use, submit proof of the amount with your reimbursement form. Everence will reimburse expenses beginning with the date of your plan enrollment.

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

Yes. Fill out a separate form for each person requesting reimbursement.

6. Additional questions?

Please contact Member Services at 800-348-7468 ext. 2460 or member.services@everence.com.

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