

2018-2019 Wellness Activity Reimbursement

NY44 Health Benefits Plan Trust participants are eligible to be reimbursed for exercise classes/lessons and gym/aquatic center membership fees per plan year of \$100 (single health insurance plan) and \$150 (family health insurance plan).

Follow These Steps to Receive Reimbursement

- Fitness or Aquatic Memberships** (Examples: Curves, Gold's Gym, YMCA, Aquatic Centers, Jewish Center)
A minimum 1-month membership is required. **ONLY THE MEMBERSHIP FEE IS ELIGIBLE FOR REIMBURSEMENT.** NOT ELIGIBLE: Memberships in country clubs, weight loss clinics, spas, or other similar facilities. Maintenance fees, annual fees, initiation fees, food or beverage purchases, child care, tanning are not eligible.
- Exercise or Yoga Classes (Multiple sessions, not less than one month in duration)**
(Examples: Yoga, Aerobics, Spinning, Dance Class, Community Education Exercise Classes, Crossfit)
A minimum 1-month payment of the classes/lessons is required. NOT ELIGIBLE: One-time, single session or drop-in events or activities; costume/ fundraising fees, accessories such as yoga mats or sneakers; physical therapy sessions are not eligible.
- Know your reimbursement period.** July 1, 2018 – June 30, 2019
If an enrollee's coverage with the NY44 is terminated for any reason or becomes active after 7/1/18, reimbursement is pro-rated by the number of months you were an active participant in the Trust x \$8.34 (single) or \$12.50 (family).
- Submit paperwork.** You need to provide:
 1. A current NY44 Wellness Activity Reimbursement Form (this form)
 2. A copy of the first page of gym membership agreement/contract or fee schedule OR a copy of the fee schedule for the exercise class/lesson. Documentation must include the cost of the program, as well as number of sessions and/ or activity dates.
 3. Proof of payment (i.e. payment history/summary from gym, credit card statement, online bank statement, etc.) Proof of payment must show name of eligible NY44 participant. Payment must be made between July 1, 2018 and June 30, 2019. This is a reimbursement program. You must show payment in the amount you are seeking for reimbursement.
- Submit by mail or fax to: No later than July 15, 2019; NO EXCEPTIONS. Fax: 716-821-7439**
NY44 Health Benefits Plan Trust, 355 Harlem Road, West Seneca, NY 14224
Emailed or hand-delivered submissions will not be accepted. Claims will take 6-8 weeks to process.
Please refrain from inquiring on status until the full 8 weeks have passed.

Employer (School/ District Name): _____

Primary Enrollee Name: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Family Health Coverage

Single Health Coverage

Reimbursement Amount: \$ _____

Submissions on the wrong year's form will not be processed. Forms are online at www.ny44.e1b.org

Maximum reimbursement level is \$150 (family) or \$100 (single)

Incomplete or incorrect claims submission will delay payment.

READ: Guidelines and information about this program are online at www.ny44.e1b.org. Questions, 716-821-7161.

Wellness Activity Reimbursement Online Guidelines

Reimbursement Period: July 1, 2018 – June 30, 2019. Payment receipts must be dated within this timeframe. Gym/Aquatic Center membership contracts can carry from year to year.

Final Deadline: You have until **July 15, 2019** to submit your reimbursement for the July 1, 2018 to June 30, 2019 period. **NO EXCEPTIONS.**

Submissions on the wrong year's form will not be processed.

Submit by Mail or Fax. Emailed or hand-delivered submissions will not be accepted

Pro-rate: If an enrollee's coverage with the NY44 is terminated for any reason or becomes active after 7/1/18, reimbursement is pro-rated by the number of months you were an active participant in the Trust x \$8.34 (single) or \$12.50 (family).

Qualifying Gym/Aquatic Center: A minimum 1-month gym membership is required to receive reimbursement through this program.

Not Eligible: Memberships in country clubs, weight loss clinics, spas, or other similar facilities are not eligible. Maintenance fees, annual fees and initiation fees are not eligible.

Qualifying Exercise Classes: The class must be multiple sessions that encompass more than 30 days. A minimum 1-month payment of the classes/sessions is required to receive reimbursement through this program.

Not Eligible: One-time, single session or drop-in events or activities; leagues; costume/ fundraising fees, accessories such as yoga mats or sneakers; physical therapy sessions are not eligible.

ONLY THE GYM/AQUATIC CENTER MEMBERSHIP FEE or CLASS/SESSION FEE IS ELIGIBLE FOR REIMBURSEMENT

Appeals: If a claim is denied, appeals may be made in writing to the Plan Administrator. The decision of the Trust is final.

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.

Claims processing will take 6 to 8 weeks. Please refrain from inquiring on status until the full 8 weeks have passed.

Payment: Payment is made directly to the primary enrollee (no third party payments).