

it fits!

why weight for a healthier lifestyle?

you spoke, we listened

More choices. No waiting periods. When it comes to wellness programs that work, *It Fits!* is committed to meeting your changing needs.

It Fits!, Fallon Community Health Plan's wellness feature, gives your family \$150 to use toward a variety of healthy activities, like a membership at local fitness centers, aerobics, Pilates and yoga classes (when taught by a certified instructor), Weight Watchers® programs—as well as local, town and school sports programs for all ages (when they include an aerobic and instructional component). So, whether it's a daily workout, exercise class, some healthy eating tips, a basketball league, or any of these, let *It Fits!* help you get fit.

Plus new FCHP members can now submit for reimbursement immediately. There's no waiting period.

here's how it works:

To be eligible for the health club reimbursement, you must be a member of both Fallon Community Health Plan and the health club. Qualifying health clubs are those facilities that offer a wide variety of fitness equipment, such as Ys, Curves®, JCCs, Gold's Gym®, Worcester Fitness and Bally Total Fitness®. Get even more out of your *It Fits!* reimbursement by taking advantage of the fitness center membership discounts FCHP offers. To collect reimbursement for fitness center membership, and yoga, Pilates and aerobics, or for local, town and school sports activities, complete the form on the back.

For Weight Watchers, FCHP members can choose to receive a set of coupons for a 12-consecutive-week program. You can request your Weight Watchers coupons at www.fchp.org or by calling FCHP's Customer Service. One set of coupons will reduce your *It Fits!* balance by \$100.

If your *It Fits!* balance is less than \$100, you may join Weight Watchers directly and request a reimbursement by completing the form on the back, or download the form online at www.fchp.org.

If you have any questions about the program or you would like to request Weight Watchers coupons, give us a call at 800-868-5200 (TDD/TTY: 877-608-7677).

800-868-5200 (TDD/TTY: 877-608-7677)
www.fchp.org

Reimbursement is not available for pool-only facilities (unless as part of an instructional swim program), social clubs, transportation, greens fees, uniforms, meals, lodging, association memberships, fitness equipment, fitness clothing and vitamins.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

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it fits! reimbursement form

Subscribers are eligible for reimbursement once per calendar year.
Requests must be made no later than March 31 of the following calendar year.

Mail completed form to:
Fallon Community Health Plan
Claims Department
P.O. Box 15121
Worcester, MA 01615

section 1—subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

Subscriber's last name	First name	Middle initial	
Address	City	State	ZIP
Subscriber's ID # (located on the front of your card)	Telephone number ()		

section 2—health club, aerobics, Pilates and yoga classes, school and town sports activities, Weight Watchers® information

name/address/type of facility or activity	calendar year*	amount requested

* The 12-month period, beginning January 1 and ending December 31, for which reimbursement is being requested.

section 3—information for reimbursement

Please submit each item and check off the boxes below:

- This completed form
- A copy of any/all applicable qualified health club contracts or agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- Dated original receipts or copies of bank/credit statements showing the charge for membership or classes (Original receipts will not be returned.)

A brochure from the health club or facility may be requested in some instances.

certification and authorization (this form must be signed and dated below by the subscriber)

Reimbursement subject to approval by Fallon Community Health Plan. All payments will be made with subscriber's authorization. Subscriber's signature required. Please allow 30 days from receipt for reimbursements.

Reimbursement should be made to (check one): subscriber member _____

To the best of my knowledge and belief, my statements in the *It Fits!* Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members. I certify these expenses have not previously been reimbursed in this or any other calendar year.

Subscriber's signature _____ Date _____

If the form is signed by the member, reimbursement will be made payable to the subscriber.

Plan features may vary.