



**FITNESS/ WELLNESS ALLOWANCE REIMBURSEMENT FORM**

Commonwealth Care Alliance’s Senior Care Options (SCO) program provides an allowance of \$250.00 every calendar year toward a qualified health club, fitness facility, activity tracker or memory fitness activities. See the third page of this document for a list of examples of covered and non-covered items. To **submit** a request for reimbursement, please follow the instructions below and complete this form and all of its pages. Documentation of your purchases must be submitted by including a copy of your receipt(s) that show the date of purchase or service.

Please check which service you are requesting reimbursement for:

- Qualified health club or fitness facility
- Covered wellness program
- Activity tracker
- Memory fitness activity

**Required Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
( M M / D D / Y Y Y Y )

Name of Facility, Program, Activity and/ or Tracker: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Purchase: \_\_\_\_\_

**If additional information is necessary, please use another sheet of paper and submit it with this form.**

Total amount of reimbursement requested: \$ \_\_\_\_\_

Describe the purchase to be reimbursed:  
\_\_\_\_\_  
\_\_\_\_\_

Please include an itemized receipt as proof of payment. Please **circle** the items/ services on the receipt for which you are requesting reimbursement if there are multiple items.

A receipt is required for purchased items/ services, with the company’s name and address preprinted on the receipt, with items listed and the amount paid.

## Submission Method

To submit your request for determination, please send:

**By mail:** Commonwealth Care Alliance, Attn: Member Services, 30 Winter Street, Boston, MA 02108

**By fax** (617) 426-1311

**By email** [memberservices@commonwealthcare.org](mailto:memberservices@commonwealthcare.org)

**The \$250 reimbursement amount is per calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>).**

**Requests for fitness/ wellness allowance reimbursements must be received by March 31<sup>st</sup> of the following year. So, for example, for services or items during 2021, you must submit receipts by March 31<sup>st</sup>, 2022.**

## Signature is Required

I attest that the information is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CCA SENIOR CARE OPTIONS FITNESS/ WELLNESS ALLOWANCE COVERED SERVICES

<b><u>Covered Services &amp; Items</u></b>	<b><u>Non-Covered Services &amp; Items</u></b>
<ul style="list-style-type: none"> <li>• Membership in a qualified health club or fitness facility.               <ul style="list-style-type: none"> <li>○ A qualified health club or fitness facility provides cardiovascular and strength-training exercise equipment onsite.</li> </ul> </li> <li>• Participation in group and/or instructional fitness classes such as Tai Chi and health programs including those at a YMCA (for classes and programs associated with an additional fee).</li> <li>• Activity tracker, e.g. Fitbit, Apple watch, etc. (limit of one per member per year).</li> <li>• Memory fitness activities</li> </ul>	<ul style="list-style-type: none"> <li>• Membership fees to non-qualified health clubs or fitness facilities, including but not limited to:               <ul style="list-style-type: none"> <li>○ Martial arts centers;</li> <li>○ Gymnastics facilities;</li> <li>○ Country clubs, sports clubs and social clubs; and</li> <li>○ Sports activities such as golf and tennis.</li> </ul> </li> </ul>