



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: ____ / ____ / _____

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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

The \$250 reimbursement amount is per calendar year (January 1st through December 31st).

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

Signature is Required

I attest that the information is accurate and complete.

Signature: _____ Date: _____



CCA SENIOR CARE OPTIONS FITNESS/ WELLNESS ALLOWANCE COVERED SERVICES

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