

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

2023 FITNESS REIMBURSEMENT PROGRAM

Get reimbursed up to \$300 per family per calendar year for eligible fitness expenses. Employees/Retirees and dependents are eligible for the Fitness Reimbursement Program if they participate in the University System of New Hampshire (USNH) medical plan administered by Cigna.

Follow these 3 easy steps:

1

MAKE AN ELIGIBLE PURCHASE

What qualifies?

A membership at a full service health club, studio or fitness program, as well as fitness classes held at a health club, studio or recreation center, online fitness class subscriptions (e.g. Beachbody, Daily Burn, and Peloton), personal training sessions (personal training sessions in a traditional health club/fitness studio only), fitness related fees (e.g. pool membership and skiing season pass) and eligible home exercise equipment.

Eligible home exercise equipment that provides cardiovascular and/or muscular total-body workout. Equipment must be new and purchased through a retail store which includes online. The following pieces of equipment are eligible for reimbursement: home gyms, treadmills, stationary cycles, elliptical machines, rowing machines, stair climbing machines, and total body weight resistance machines.

What does not qualify

- muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines, free weights;
- exercise videos or mats;
- outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades;
- exercise clothing or shoes and any used equipment;
- sport leagues (e.g. basketball league)
- fitness day pass, race entry fee, and individual ski tickets

The above list is not a complete list, but rather examples of ineligible expenses; Cigna may deny a submission for an ineligible expense.

2

COMPLETE FORM

3

SUBMIT FORM ONCE PER CALENDAR YEAR, NO LATER THAN MARCH 31ST 2024

Important Information

\$300 is the maximum reimbursement amount per family per calendar year. Family includes employee/retiree and dependents who are covered under a USNH medical plan administered by Cigna.

There is no attendance requirement, you can submit your form and receipt/proof of purchase as soon as you make an eligible purchase.

At the time of reimbursement, you must be a current USNH employee or eligible retiree and be a participant in a USNH Cigna medical plan to be eligible for this reimbursement.

Submission Process

- Employee/Retiree to complete, sign and date the Fitness Reimbursement Program Form, submitted once per calendar year.
- Include dated, original receipts from the fitness program, online fitness class subscription, retail store, or copies of bank/ credit card statements (black out any reference to account or credit card numbers) showing:
 - The participant name.
 - Name of facility.
 - Individual charges of each fitness program, member membership, or class fees.
 - Charges and dates of each session or monthly membership.
 - Proof of purchase that clearly shows the amount you paid.

Membership/class expenses will be pro-rated to only reimburse for the current 2023 calendar year if the actual expense paid included prior year or future year membership/ class expenses. Home exercise equipment purchased outside the current plan year is not eligible for reimbursement.

The completed form must be postmarked by **March 31, 2024.**

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

2023 FITNESS REIMBURSEMENT PROGRAM FORM

For employees/retirees and dependents that participate in the University System of New Hampshire (USNH) medical plan administered by Cigna.

Section 1 – Employee/Retiree Information

Last Name	First Name	Middle Initial	
Home Address - Number & Street	City	State	Zip Code
Employee USNH ID:	Cigna ID Number	Date of Birth (MM/DD/YYYY):	

Section 2 – Eligible Expenses

Fitness Program Expense	Dates of Service or Purchase	Participant Name	Amount Paid

Total number of receipts attached: _____ Total Amount requested: \$ _____ (max of \$300)

I authorize the release of any information to Cigna about my health club membership. I certify that the information provided in support of this submission is complete and accurate and has not been previously submitted.

I understand reimbursements will be provided via USNH payroll and are subject to applicable tax withholdings.

Employee/Retiree Signature: _____ Date: _____

Please mail this form and all copies of your receipts to the below address. Please allow 3-4 pay cycles to receive your reimbursement via USNH payroll. The Fitness Reimbursement is taxable. If you have any questions about your submission, please call 1.800.244.6224 Customer Service.

**Cigna
Health Promotions/USNH
1750 Elm Street, Suite 800
Manchester, NH 03104**

Please make sure to keep a copy of your form and receipts as proof of submission if validation is required from Cigna. Cigna will not return any receipts or forms. If services are denied, a denial letter will be sent to the employee/retiree's home address.

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