



## Fitness Membership Dues and Fees Reimbursement Form

City of Franklin

### Subscriber Information (please print clearly or type)

Subscriber Name			
Mailing Address			
City, State Zip			
Telephone	Subscriber's HP ID#		
Email			

#### New Hampshire Interlocal Trust Fitness Reimbursement Program\*

This program is administered by New Hampshire Interlocal Trust (NHIT) in lieu of the program administered by Harvard Pilgrim Health Care. NHIT members are eligible for reimbursement **up to \$150 per contract per plan year**.

**Please note:** Fitness reimbursement requests may be submitted ONCE per plan year. Please submit your request once you have accumulated expenses equaling or exceeding \$150 or wait until the end of the plan year.

**This reimbursement program runs on a plan year (July- June).** All requests must be submitted before **August 15<sup>th</sup>** of the following plan year. In order to receive reimbursement, the member must provide proof of payment for all membership fees being submitted with dates that coincide with the plan year.

Fitness reimbursement applies to membership dues and fees paid to a facility for their services. Eligible facilities provide cardiovascular and strength-training equipment for exercising and improving physical fitness, such as health clubs and fitness centers; YMCA's and YWCA's; Jewish Community Centers; and municipal fitness centers. Qualifying facilities **(where a monthly, quarterly, or annual membership fee/due is paid)** also include fitness studios/facilities that offer:

- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Indoor cycling/spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal Training (taught by a certified instructor)

**Please note:** Fees for individual classes at these types of facilities would not be considered dues and therefore not eligible for reimbursement under this program.

**Facility Information-** Please list all health clubs and facilities that you and/or your dependents are submitting for; include proof of payment for the months that membership was paid.

Dates	Facility	City/State	Facility Phone	\$ Amount
From- __/__/__ To- __/__/__				
From- __/__/__ To- __/__/__				

☐ I/We have attached proof of payment with this form.

### **\*Fitness Reimbursement Exclusions:**

- Fitness equipment
- Items/products required for wellness classes, including but not limited to:
  - Equipment
  - Books
  - Food and other supplements
- Fitness videos or DVD programs
- Spas
- Health club initiation fees or costs that you pay for instructional dance studios, country clubs, social clubs (such as ski, riding, or hiking clubs)

### **NHIT's Wellness Reimbursement Program**

For reimbursement on fitness classes, please refer to NHIT's Wellness Reimbursement Form. Acceptable requests for the Wellness Reimbursement Program include:

- Fees you pay for group classes outside of a fitness facility/studio
- Dance Classes
- Sport teams or leagues
- One time Fitness Classes
- Gymnastic facilities
- Martial art schools
- Pool only facilities
- Road Race Fees
- Sport Camps
- CPR/ First Aid

**The Wellness Reimbursement Program is available to the extent your employer as elected to offer the additional program. Please see your Human Resources Department for more information regarding the wellness programming offered at your worksite.**

**To receive Fitness Reimbursement, please complete this form and submit with other required materials to:**

New Hampshire Interlocal Trust  
ATTN: Fitness Reimbursement  
PO Box 4090  
Concord, NH 03302-4090

Or

E-mail: [Wellness@nhitrust.org](mailto:Wellness@nhitrust.org)

**PLEASE ALLOW 4-6 WEEKS FOR PROCESSING**