Please note: The wellness benefit will be discontinued for active employees, and adult family members on June 30th, 2017 in favor of the Pulse at Dartmouth program. For more information, please visit www.dartmouth.edu/wellness.

As an active employee, spouse, or adult family member on the Cigna medical plan through Dartmouth College, you are eligible for a reimbursement of up to $200 (combined family* maximum) as part of the Wellness Benefit. All participation criteria must be met by June 30th, 2017 and you will have until September 30th, 2017 to submit your forms. To meet the 10 week participation requirement, your purchase must be made by April 21, 2017. *Family = adult member age 18+

What Kinds of Activities and Devices Qualify for the Wellness Benefit?

1. Fitness Activities
   You must attest to having participated in the activity you are submitting for at least 2 times per week for 10 out of 20 weeks.
   **Fitness Categories:**
   - Fitness Facility (includes full-service facilities with cardiovascular and strength training equipment, Yoga studios, Pilates studios, pool, or tennis only facilities)
   - Personal Training (with a qualified trainer)
   - Sports Club Fees (e.g. running club, rowing club, basketball league)
   - Alpine Ski Lift Tickets/Season Pass
   - Cross Country Ski Tickets/Season Pass
   - Golf Greens Fees/Membership (must walk the course)

2. Exercise Classes
   This category is for exercise classes that are paid for separately from a gym membership. For classes that have a fixed start and end date (minimum of 4-weeks long), you must attest to having attended at least 75% of the classes. For on-going classes, you must attest to having attended 10 classes within a 20 week period.
   - Exercise Classes (e.g. FLIP, yoga drop-in classes)

3. Health-Promoting Activity Devices
   You must attest to having participated in fitness activities for at least 2 times per week for 10 out of 20 weeks while using your device. Limit of one device per covered adult family member per calendar year.
   **Device Categories:**
   - Pedometers
   - Accelerometers (e.g. Fitbit, Jawbone)
   - Heart Rate Monitors
   - Sports Watches (must track speed, distance, and/or heart rate)

4. Workshops
   For workshops that have a fixed start and end date, you must attest to having attended at least 75% of the classes. For ongoing classes, you must attest to having attended at least 10 classes within a 20 week period.
   **Workshop Categories:**
   - Weight Management
   - Tobacco Cessation
   - Stress Management
   - General Health Education
   - Multi-session health education workshops (e.g. diabetes management)

5. Race Fees
   You must attest to having participated in fitness activities for at least 2 times per week for 10 out of 20 weeks as part of your training program. Your race must be completed within the same calendar year you are submitting for and you must have participated in the race prior to submission.
   **Race Categories:**
   - Walking/Running
   - Biking, Swimming, Rowing
   - Skiing
   - Multi-component (e.g. Triathlon, obstacle course)

What do I need to do before submitting for the Wellness Benefit?

1. Pay for your activity/device and keep your receipt.
2. Attest to having participated in fitness activities at least 2 times per week for 10 out of 20 weeks for the Facilities, Devices and Race Fee categories; or attended at least 75% of the sessions/classes, or at least 10 sessions/classes within a 20-week period for the Exercise Class and Workshop categories.
3. You must reach the specific participation criteria for each receipt you are submitting for prior to submission, and all requirements must be met by June 30, 2017.
4. You may submit multiple times per year (up to $200 combined family maximum).
5. You are not permitted to re-use a 2016 gym membership receipt for your 2017 wellness benefit submission if the amount is less than $200.
6. You must submit your Benefit Form (pages 1 & 2) and receipt(s) no later than September 30, 2017.

Have questions? Contact the Wellness at Dartmouth Office at 603.646.3706 or wellness@dartmouth.edu.
Please complete Section 1 completely. Please complete the applicable part(s) of Section 2 by checking off the appropriate category (highlighted in green) and sub-category that your receipt(s) apply to. If your sub-category is not listed, please mark “Other” and provide a description in the line provided. Forms and receipts need to be submitted by September 30, 2017, and all participation requirements need to be met by June 30, 2017.

**Please Note:** The Wellness Benefit will be discontinued on June 30, 2017.

SECTION 1: PLEASE PRINT ALL INFORMATION CLEARLY. THE INDIVIDUAL WHO PARTICIPATED IN THE ACTIVITIES SHOULD COMPLETE THIS FORM.

<table>
<thead>
<tr>
<th>CIGNA ID Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Number &amp; Street</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Employer's Name</td>
<td>Dartmouth College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender: ☐ Male ☐ Female</td>
<td>Date of Birth (MM/DD/YYYY):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2: PLEASE CHECK OFF THE CATEGORY & SUB-CATEGORY

☐ Fitness Facility* Date of purchase: ________________ Amount Paid: $________

☐ Alumni Gym/Zimmerman Fitness Center ☐ CCBA ☐ River Valley Club

☐ Upper Valley Aquatic Center ☐ Curves

☐ Other: __________________________________________

*You are not permitted to re-use a 2016 gym membership receipt in 2017 if the amount is less than $200.

☐ Exercise Classes Date of purchase: ________________ Amount Paid: $________

☐ FLIP ☐ Other: ______________________________________

☐ Activity Devices Date of purchase: ________________ Amount Paid: $________

☐ Fitbit ☐ Heart Rate Monitor ☐ Pedometer

☐ Sport Watch ☐ Other: ______________________________________

☐ Workshops Date of purchase: ________________ Amount Paid: $________

☐ Weight Watchers Meetings ☐ Weight Management ☐ Tobacco Cessation

☐ Stress Management ☐ General Health Education

☐ Other: __________________________________________

☐ Race Fees Date of purchase: ________________ Amount Paid: $________

☐ Walking/Running ☐ Other: ______________________________________

☐ Other Fitness Activities Date of purchase: ________________ Amount Paid: $________

☐ Personal Trainer ☐ Sport Club Fees (i.e. running club, basketball league, etc.)

☐ Alpine Ski Lift Tickets/Season Pass ☐ Cross Country Ski Tickets/Season Pass

☐ Other: __________________________________________
Please complete this page completely, including signing and dating below.

**TOTAL NUMBER OF RECEIPTS ATTACHED: ________**

**TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT: $________**

**ATTESTATION OF ACTIVITY AND CERTIFICATION AND AUTHORIZATION**

- I attest to having met the required participation for each of the receipt(s) I am submitting reimbursement for. This includes having participated in fitness activities at least 2 times per week for 10 out of 20 weeks for the Facilities, Devices and Race Fee categories; or having attended at least 75% of the sessions/classes, or at least 10 sessions/classes within a 20-week period for the Exercise Class and Workshop categories. You must reach the specific participation criteria for each receipt submitted (although we encourage engaging in a variety of activities, for the purpose of this benefit administration combining activities is not permitted). **In order to meet the minimum 10 week participation requirement by June 30, 2017, all eligible purchases must be made by April 21, 2017.**

- I authorize the release of any information verifying purchases, payments, or completion of an activity to Cigna regarding the activities and/or devices I seek reimbursement for.

- I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

**CIGNA CUSTOMER SIGNATURE: ____________________________ DATE: __________**

- Please mail this completed Wellness Benefit Form (including pages 1 & 2) and receipt(s) to the below address by September 30, 2017.

  **CIGNA**  
  Health Reimbursements  
  2 College Park Drive  
  Hooksett, NH 03106

- Please allow approximately six (6) to eight (8) weeks for processing.
- We recommend you keep copies for your files. If services are denied, a denial letter will be sent to the customer’s home address, but your forms, receipts and any additional attachments will not be returned to you.
- All Wellness Benefit payments will be sent via check to the Cigna customer's address on file.

The wellness benefit will be discontinued for active employees and adult family members on June 30th, 2017 in favor of the Pulse at Dartmouth program. For more information, please visit www.dartmouth.edu/wellness.

**Please Note:**
This is a taxable benefit. To minimize the impact, Dartmouth College will contribute a set percentage to offset your required tax withholding.