If you’re a Dartmouth College retiree on a Cigna health plan, we’ve got a healthy incentive for you!

As a retiree on the Cigna medical plan through Dartmouth College, you are eligible for a reimbursement of up to $200 per calendar year (combined family* maximum) as part of the Wellness Benefit. You can use this on qualified health promoting activities and devices that help support you in areas such as physical activity, weight management, stress management and tobacco cessation.

*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**
  - Multi-session weight management workshops

- **Weight Watchers**
  - Weight Watchers Meetings (At Work or Community Meetings only)

- **Tobacco Cessation**
  - Multi-session tobacco cessation workshops

- **Stress Management**
  - Multi-session stress management workshops (e.g. anxiety, mindfulness)

- **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 (although we encourage engaging in a variety of activities, for the purpose of this benefit administration combining activities is not permitted).
4. You may submit multiple times per year (up to $200 combined family maximum).
5. Although it is recommended to complete all activities within the same calendar year, some activities may overlap years. If your tracking overlaps years, you must be a Cigna customer in both years you are logging activity in.
6. You must submit your Benefit Form (pages 1 & 2) and receipt(s) no later than March 31, 2018.

**Have questions?**
Contact the Wellness at Dartmouth Office at 603.646.3706 or wellness@dartmouth.edu.
2017 Dartmouth College / Cigna Wellness Benefit Form: Retirees Only (Page 1)

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.

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>
</tbody>
</table>

Employer's Name: Dartmouth College

Gender: ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY):

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: ____________________________________________

☐ 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).

- 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 March 31st, 2018.

  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.