2018 Fitness Reimbursement Benefit

Get reimbursed up to $225 per family* per calendar year for eligible expenses. Available to Dartmouth College employees who elected this as their wellness program option for 2018 and all retirees enrolled in a Dartmouth-sponsored health plan.

Follow these 3 easy steps:

1. **MAKE AN ELIGIBLE PURCHASE**
   - Fitness Facilities
   - Exercise Classes

2. **COMPLETE FORM**
   Complete form on reverse side (page 2)

3. **SUBMIT FORM BY 12/31/2018**
   Send completed form AND receipt(s) to Cigna for processing

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What qualifies?
1. Full-service brick and mortar fitness facilities with cardiovascular and strength training equipment
2. Exercise classes including, brick and mortar in-person classes, online and DVD classes

What DOES NOT qualify?
- Home Exercise Equipment
- Personal Training Sessions
- Sports Lessons (e.g. golf lesson)
- Sports Equipment (e.g. skis, skates)
- Sneakers or Clothing
- Activity Tracking Devices (e.g. Fitbit)
- Workshops (e.g. Weight Watchers)
- Race Fees
- Ski Passes
- Sport Leagues (e.g. basketball league)
- Massage, Acupuncture, Hypnosis

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

What is the deadline to submit?
Submissions must be postmarked by December 31, 2018.

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Important Information:
- $225 is the maximum reimbursement amount per family* per calendar year (*family only includes the employee/retiree and a spouse who is enrolled on the employee/retiree’s medical plan through Dartmouth College).
- Your receipt/proof of purchase must have a 2018 date and be for 2018 fees/services only. You may only submit for expenses incurred while you are eligible for this benefit (starting 1/1/18 or your 2018 new hire date). If you made a purchase in 2017 that provides services into 2018, visit dartgo.org/fitnessbenefit to learn if you are eligible to submit.
- There is no attendance requirement, you can submit your form and receipt/proof of purchase as soon as you make an eligible purchase.

For Active Employees:
- Reimbursements will be provided via payroll and are subject to applicable tax withholdings.
- Please allow 2 – 3 pay cycles to receive your reimbursement.

For Retirees:
- Reimbursements will be mailed to your address on file. Any reimbursements received as part of the Fitness Benefit are considered taxable income. Please consider consulting your personal tax advisory regarding the proper reporting of this income.

For questions, including eligibility or the status of your submission, email Wellness@Dartmouth.edu, or call the Wellness at Dartmouth Office at 603.646.3706
2018 Fitness Reimbursement Form

Section 1 - Employee/Retiree Information:

<table>
<thead>
<tr>
<th>Employee/Retiree Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address - Number &amp; Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer's Name:</th>
<th>Dartmouth College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee's Dart ID:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>If you are a retiree, check off this box:</td>
<td>Date of Birth (MM/DD/YYYY):</td>
</tr>
</tbody>
</table>

Section 2 - Purchase Information:
Complete applicable section(s) - Fitness Facility and/or Exercise Class:

☐ Fitness Facility  Date of Purchase: _________________  Amount Paid: __________________
Fitness Facility Name: __________________________________________________________
Dates of Membership: ____________________________

AND/OR

☐ Exercise Class  Date of Purchase: _________________  Amount Paid: __________________
Exercise Class Name: ________________________________________  Online/DVD (Yes/No): ______
Location (if applicable): ____________________________  Class Dates (if applicable): ________________

Section 3 - Submission:
Receipts may be submitted immediately after purchase and must have a 2018 date and be for services in 2018 only. Submissions must be postmarked by December 31. Reimbursements will be provided through payroll for Employees (and eligible spouse) and via check mailed to your home address for Retirees. Please retain a copy of all receipts and documents for your records.

Total # of Receipts Attached: _______  Total Amount Requesting: $ ____________ (max of $225)

Section 4 - Signature:
I authorize the release of any information verifying purchases and payments regarding the activities I seek reimbursement for. I certify the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Cigna may deny a submission based on eligibility, purchase, or duplication, and additional information may be necessary to process this request.

Employee/Retiree Signature: ____________________________  Date: ________________

Please send this form and all receipts, postmarked by December 31, 2018 to:

Cigna
Health Reimbursements
2 College Park Drive
Hookset, NH 03106