2020 Fitness Reimbursement Benefit

Get reimbursed up to $225 per family* per calendar year for an eligible expense. Available to employees who elected this as their wellness option for 2020 and all retirees on 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 12/31/2020
   Send completed form AND receipt to Cigna for processing

What qualifies?
- Full-service brick and mortar facilities with cardiovascular and strength training equipment
- Exercise classes - brick and mortar in-person classes, online or 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, rowing)
- Massage, Acupuncture, Hypnosis
- Open Gym (e.g. climbing gyms)
- Tennis-only Facilities

What is the deadline to submit?
Submissions must be postmarked by December 31, 2020.

*Family only includes the employee/retiree and a spouse/partner who is enrolled on the employee/retiree’s medical plan through Dartmouth College.

Important Information:
- $225 is the maximum reimbursement amount per family* per calendar year.
- There is no attendance requirement, you can submit your form and receipt(s) as soon as you make an eligible purchase.
- Your receipt must be for 2020 fees/services (2019 receipt is acceptable if you paid for 2020 services in 2019).
- For Active Employees:
  o Reimbursements will be provided via payroll and are subject to applicable tax withholdings.
  o Please allow approximately 2 months to receive your reimbursement.
- For Retirees:
  o Reimbursements will be mailed to your address on file. Any reimbursements received as part of the Fitness Benefit are considered taxable income. Please consult your personal tax advisory regarding the proper reporting of this income.
  o Please allow up to 10 weeks to receive your reimbursement check.

For questions, including eligibility or the status of your submission, email Wellness@Dartmouth.edu, or call our office at 603.646.3706
2020 Fitness Reimbursement Form

Section 1 – Employee/Retiree Information:

Employee/Retiree Name (First, Last):

Dartmouth ID: ____________ Date of Birth (mm/dd/yyyy): ________________

Mailing Address: ________________________________________________________

If you are a Retiree, check off this box: ☐

Section 2 – Purchase Information:

Purchaser Name (Employee, Retiree, or Partner/Spouse): ______________________

I am submitting for:

☐ 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 be for services in 2020. Submissions must be postmarked by December 31. Reimbursements will be provided through payroll for Employees (and eligible spouse) and via check for Retirees (and eligible spouse). 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.

Purchaser Signature: ___________________________ Date: _________________

Please send this form and all receipts postmarked by December 31, 2020 to:

Cigna
Health Reimbursements
2 College Park Drive
Hooksett, NH 03106