



# NY Facility Reimbursement for Aetna Student Health

One form must be submitted per person per reimbursement request.

Student name	
Subscriber Aetna ID number <i>(the number on your Aetna medical ID card)</i>	Subscriber's spouse/domestic partner name <i>(only enter name if form is being submitted for spouse/domestic partner reimbursement)</i>
Name of exercise facility (or facilities if more than one)	
Address of exercise facility (or facilities if more than one)	
Exercise facility representative name(s)	Exercise facility representative phone number(s)
Exercise facility representative email address	Total cost of membership per 6-month period

## Exercise Facility Documentation

	Name of Exercise Facility	Exercise facility representative signature	Date of visit
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Student name
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**Exercise Facility Documentation** *(continued)*

	Name of Exercise Facility	Exercise facility representative signature	Date of visit
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**Program requirements:**

- Fees must be paid to approved exercise facilities which maintain equipment **and** programs that promote cardiovascular wellness.
- Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed.
- Lifetime memberships are not eligible for reimbursement.
- On Campus facilities that are included in general tuition and fees are not reimbursable
- Claims should not be submitted until the 50 visits have occurred
- Reimbursement is limited to actual work-out visits. Reimbursement will not be offered for equipment, clothing, vitamins or other services that may be offered by the facility (massages, yoga, etc.).

Member must also:

- Be an active member of the facility
- Complete 50 visits in 6 months (please note that all 50 visits must occur while covered under this plan).
- Please include proof of payment

**Terms & conditions:**

I agree that all information entered is truthful and accurate and may be subject to verification at any time. I understand that I am eligible to be reimbursed \$200 for myself as the subscriber and \$100 for my eligible spouse/domestic partner, or the actual cost of the six-month membership, whichever is less. A fitness reimbursement request must be submitted within 90 days of the end of your plan termination date.

Subscriber (or spouse/domestic partner*) signature	Date
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\*Required if reimbursement request is being submitted for your spouse/domestic partner.