



UnitedHealthcare Policy #742857

Fitness Membership Reimbursement Request

UHC Identification Number: _____

Employee/Subscriber Name: _____

Address: _____

Gym/Fitness Club Membership code S9970; ICD10 E66.3 \$ _____

Fitness Program Membership/Subscription code S9449; ICD10 E66.3 \$ _____

- P90X membership
- Peloton memberships including the following:
 - Monthly subscription to services attached to Peloton equipment
 - Monthly subscription to Peloton virtual programs not associated with Peloton equipment

Must be an active Gates UnitedHealthcare Member to qualify for reimbursement
Total reimbursement up to \$200 per year maximum for any combination of the eligible expenses

All benefit payments will be sent to the employee's address on file.

Member is responsible for claiming reimbursement as taxable income.

All requests for reimbursement of expenses incurred in 2024, must be sent to UnitedHealthcare by January 31, 2025

Certification and Authorization (this form must be signed and dated below)

I authorize the release of information to UnitedHealthcare about my gym/fitness club and/or fitness program membership/subscription. I certify the information provided is complete and correct and that I have not previously submitted for reimbursement of these expenses.

Employee
Signature _____ Date _____

Submit this completed form with receipts to: **UnitedHealthCare**
PO Box 740800
Atlanta, GA 30374-0800
Fax 801-567-5498