



UnitedHealthcare Policy #742857

Fitness Membership Reimbursement Request

UHC Identification Number: _____

Employee/Subscriber Name: _____

Address: _____

Gym/Fitness Club Membership code S9970 \$

- Must provide documentation from the gym/facility proving employee attended/used the facility at least 10 times a month
- Annual amount will be prorated to exclude any month(s) with less than 10 times usage.

Fitness Program Membership/Subscription code S9449 \$

- 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.

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