

Fitness Benefit Form

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Person in whose name coverage is held)

Identification Number (including alpha prefix) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Member Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address (if different from subscriber's) City State Zip Code
Number and Street

Gender

- Male
 Female

Claimant is (check one):

- Subscriber (coverage holder) Child (age 18 or younger) Student (age 19 or older)
 Spouse (of coverage holder) Handicapped Dependent (age 19 or older) Stepchild
 Other (specify) _____

When to Submit this Form:

- After you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for a full four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year.

Health Club Information Required:

Attach 8.5" x 11" photocopies of dated, paid health club receipts, and your health club agreement/contract.

Name and Address of Health Club

Benefit Year

Total Number of Receipt Copies Attached: _____ Total Amount Submitted: \$ _____

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature: _____ Date: _____

Please print, fold, and mail this form (including copies of paid receipts and your health club agreement or contract) to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Questions?

To verify this benefit is within your plan or for further information, please call the Member Service number on the front of your ID card.

