



# Get well and get money back

**You want to be healthy. You want to be well.  
And we want to help you do that.**

Brown University Health is giving you up to **\$150 back** on your costs for an activity tracker, a gym membership, exercise classes, the purchase of instructional videos and exercise equipment, and much more.

1. Purchase an activity tracker, home exercise equipment, or on-demand exercise classes, or sign up for yoga, kickboxing, a fitness class, or gym membership.
2. Save your itemized receipts. When you reach \$150, submit the "Well-being Reimbursement Request" and all receipts to BCBSRI.
3. Get well and get your reimbursement!

## **Need some fitness gear? Activity tracker? Shoes?**

Head over to [Blue365deals.com](https://www.blue365deals.com) to see how much you can save with offers from 45 national brands, from Fitbit® to Reebok®. Just for being a Blue Cross member.

*Always consult a physician before beginning any new exercise program.*

## WELL-BEING REIMBURSEMENT REQUEST

**PLEASE PRINT ALL INFORMATION CLEARLY**

This well-being reimbursement applies one time per family, per calendar year. All well-being reimbursement requests must be submitted by March 31 of the following year. Reimbursement will be paid to the active Brown University Health employee/subscriber.

### BROWN UNIVERSITY HEALTH EMPLOYEE/SUBSCRIBER INFORMATION (POLICYHOLDER)

Brown University Health Employee ID Number <b>OR</b> Subscriber ID Number				
Employee/Subscribers Last Name	First Name	M.I.	Date of Birth ____/____/____	
Address - Number and Street		City	State	Zip Code

### WELL-BEING ITEM DETAILS

Total Dollars Requested: \$ \_\_\_\_\_ Calendar Year \_\_\_\_\_

Home exercise equipment or gear: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Membership Fees: \$ \_\_\_\_\_
  Fitness Class Fees: \$ \_\_\_\_\_
  Activity Tracker: \$ \_\_\_\_\_

Valid proof of payment must be attached. Acceptable forms are: itemized receipt for activity tracker, itemized receipt from fitness club or group exercise facility, a credit card statement indicating fitness club or exercise payment, or a letter on letterhead with an authorized signature indicating dates, line items, and payment amount.

### CERTIFICATION (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for these services. I understand that this reimbursement may be considered taxable income. I also understand that Blue Cross & Blue Shield of Rhode Island may request any additional information it deems necessary to verify that services were received and payment was made.

Subscriber or  
Member's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### COMPLETE THIS FORM AND MAIL IT TO:

BCBSRI Claims Department  
500 Exchange Street  
Providence, RI 02903-2699

If you have questions about the program or this form, please call the **Brown University Health Employee CARE Center** at (401) 429-2102 or 1-866-987-3706. The CARE Center hours are **Monday – Friday, 8:00 a.m. – 8:00 p.m., and Saturday, 8:00 a.m. – noon.**