Wellness Reimbursement Request Form with Q & A

Everence®

Your Medicare Supplement wellness benefit

We are so glad you want to stay fit. To submit your request for reimbursement of six months or more of fitness expenses, please complete this form. Questions? See the Q & A on the back side.

Name

Everence® plan agreement number (listed on membership card)

Address

City State ZIP Code

Dates you are requesting reimbursement from: _____ to _____
Month Day Year Month Day Year

Name of fitness location/program

Name of community/association if using a fitness program where cost is included in rent/fees

Describe fitness activity:

By submitting my paid receipts for reimbursement, I attest that I am actively using the exercise facility or participating in exercise classes/program (in person or online) as noted on the receipt. I understand Everence may ask for more information and follow up with the exercise facility, as needed.

Signature Date

Send your completed form and receipt via email or mail to: records@everence.com or Records, Everence, P.O. Box 483, Goshen, IN 46527. Thank you!

Everence Association, Inc.
1110 N. Main St.
P.O. Box 483
Goshen, IN 46527
everence.com

Toll-free: 800-348-7468
T: 574-533-9511

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Q & A: About your wellness benefit

1. What fitness facilities and exercise programs qualify for reimbursement?

- Gym or fitness center memberships or classes, including at retirement communities.
- Yoga, aerobics, tai chi or swimming/water classes or one-on-one personal training.
- Cardiac or other rehabilitation programs, if not covered by Medicare.
- Streaming exercise services/programs.

2. How much will I be reimbursed and when can I be reimbursed?

- You will be reimbursed for up to $10 per month, or a maximum of $120 per year. The total cannot exceed the actual expense.
- Reimbursement is for past use (even from the prior year) that you have paid for and not in advance for future use.
- Each reimbursement form must include a minimum of six months of expenses or a maximum of 12 months of expenses.

3. What are considered acceptable receipts, or proof of my expenses and activity?

- A copy of your receipt, or a document from the gym or exercise class on its stationery that shows the amount paid. If submitting this form via email, you can also email a clear photo of your receipt.
- If the cost is included in the rent or fee at your retirement community, a statement is acceptable that specifies the amount designated for the fitness center or class costs and signed by fitness center administrative staff.

4. What if I started my gym membership or exercise classes before enrolling in the Medicare supplement plan with Everence?

Everence will reimburse expenses for a gym membership or exercise class beginning on the day of your Medicare supplement plan enrollment, not expenses prior to enrollment. Reimbursement is limited to expenses incurred within the prior calendar year only.

5. If my spouse and I both have Medicare supplement plans, can we both be reimbursed?

Yes. Fill out a separate form for each person requesting reimbursement.

6. Additional questions?

Please contact Member Services at 800-348-7468 or member.services@everence.com.

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