



FITNESS REIMBURSEMENT FORM

Please follow these simple steps to complete the reimbursement process.

1. Complete the Reimbursement Request Form;
2. Keep a copy of your documentation for your records; and
3. Submit this form with facility membership agreement and proof of payment to:

Primex³Health
 Attn: Reimbursements
 46 Donovan Street
 Concord, NH 03301

Membership fees to a qualified health and fitness club are reimbursable up to a maximum of \$150 each plan year. Enrolled employees and eligible spouses are each eligible for a separate \$150 reimbursement. Reimbursement Forms must be submitted with a copy of your health club membership agreement and proof of payment. Requested reimbursements with missing documentation will be returned. To file for reimbursement, please submit this form with required documentation by August 15th of the subsequent plan year.

Participant Information

Employee Name: _____
 Spouse Name (if applicable): _____
 HP ID Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Employer: _____

Participant signature: _____

Facility Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Please be sure to attach the following:

- Proof of Payment
- Copy of Membership Agreement

7/1/2010