Benefit for Health New England (HNE) Plan Members: Up to $150 reimbursement per employee per calendar year, toward the purchase of:

1. **Qualifying Fitness Club Membership**
2. **Aerobic/Wellness Classes**
3. **Personal Training**
4. **Mindfulness-Based Stress Reduction program (MBSR)**

To be eligible for this benefit you must be:

- A Baystate Health (BH) employee enrolled in a BH medical plan with Health New England.
- Spouses and Dependents who are a BH employee and who are covered under the Health New England Medical plan are eligible for reimbursement. Spouses and Dependents who are not a BH employee are not eligible for reimbursement.
- An active HNE member at the time of participation and when you request reimbursement.

<table>
<thead>
<tr>
<th>Qualifying Activities</th>
<th>Activity Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fitness Club Membership</strong></td>
<td>• The fitness club must have a variety of cardiovascular and strength training exercise equipment (i.e. YMCA, Planet Fitness, Healthtrax, Gold’s Gym, LA Fitness, etc.).&lt;br&gt;• The Baystate Change of Heart Program and Baystate Cardiac Rehab &amp; Wellness Gym are already subsidized by Baystate Health and do not qualify for the reimbursement.</td>
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<tr>
<td><strong>Aerobic and Wellness Classes</strong></td>
<td>• Classes may include: Zumba®, Pilates, yoga, spinning, aerobics, tai chi, strength training, kickboxing, martial arts, etc.&lt;br&gt;• Class instructors and personal trainers must be certified.</td>
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<tr>
<td><strong>Mindfulness-Based Stress Reduction (MBSR) Course or the Mindfulness-Based Eating Course</strong></td>
<td>The Mindfulness-Based Stress Reduction program was originally developed by Jon Kabat-Zin, PhD, at the University of Massachusetts Medical School. In order to qualify for reimbursement, the course must be taught by a Certified MBSR Instructor certified by UMMS Center for Mindfulness (CFM) or who completed the Teacher Development Intensive sanctioned by the CFM and taught at least twelve full 8-week MBSR classes.</td>
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</tbody>
</table>

HNE will not reimburse for:

- Classes or personal training fees with uncertified or unqualified personal trainers or instructors
- Memberships to country clubs; gymnastics facilities; tennis or pool only facilities; social clubs
- Vitamins, supplements, sports/exercise equipment, greens fees, program materials, etc.
Submit for HNE Reimbursement

Review all program criteria on Page 1 before completing this form. Specific rules apply. Incorrect or incomplete information may lead to delay or rejection of your application.

1. **Complete Employee Information** below and sign and date this form.

2. **Gather all necessary documentation:**
   - A copy of applicable contracts, membership agreements and personal trainer agreements with certification number.
   - Dated paid receipts or copies of bank or credit card statements that include the member’s name, the program name and the individual charges for each activity. Receipts will not be returned.
   - If you are a Spouse or Dependent you must submit a photo copy of your Baystate Health employee ID badge (picture side only). If you are the Subscriber of the BH medical plan, you do not need to submit the ID badge photo copy.

3. **Mail the completed form and all documentation** to Health New England. All applications must be postmarked by March 31, 2017. Forms submitted after March 31, 2017 will not be accepted.

   **Health New England Claims Department**
   One Monarch Place, Suite 1500
   Springfield, MA 01144-1500

   - You will be reimbursed for only the portion you have paid for your membership for the calendar year of your submission.
   - To be eligible for the entire $150, submit the reimbursement form **after** you have spent this amount. You can submit this form up to 2 times in each calendar year for a **combined** maximum annual reimbursement of $150 per employee. Please allow 4-6 weeks for processing.
   - For questions, call HNE at 1-800-791-7944 or 413-233-3060.

**Employee Information**

<table>
<thead>
<tr>
<th>Employee Name (Last, First)</th>
<th>HNE Member Number</th>
<th>BH Employee Number (EN#)</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State</th>
<th>Zip Code</th>
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**Qualifying Activity**

- □ Fitness Club
- □ Aerobic & Wellness Classes
- □ Personal Training
- □ MBSR

<table>
<thead>
<tr>
<th>Facility Name (or name/type of class if applicable)</th>
<th>Facility Address</th>
<th>Facility or Instructor Phone #</th>
<th>$ Amount Requested</th>
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**Certification and Authorization**

I authorize the release of any information from my fitness center membership and/or my participation in a stress reduction program to Health New England. I certify that the information provided in support of this submission is complete and correct.

Employee Signature: ____________________________ Date: _________________