



**Exercise Facility
Reimbursement Request**

For internal purposes only: HLRR

Submit Claims To:
Aetna
PO Box 981106
El Paso, TX 79998-1106

Failure to complete form in full may cause delay in payment.

Member Instructions:

1. Complete Parts 1 & 2 in full.
2. Attach receipts for all expenses incurred and dates attended for Exercise Facility reimbursement.
3. You must meet the requirements described in your school's Plan Design and Benefits Summary available at www.aetnastudenthealth.com.

Part 1

Member Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Member or Student ID Number
Member Address (Street, City, State, ZIP Code)		
School Name		

Spouse Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Please refer to your Plan Design and Benefits Summary to confirm eligibility
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Part 2

Exercise Facility Name	
Address (Street, City, State, ZIP Code)	
Date(s) Program Attended	Total Reimbursement Requested \$
Facility Representative's Signature	Date

Member Certification

I certify that these expenses were incurred by myself or an eligible spouse. These classes were attended for the full term of the class offered and attendance can be verified by the provider listed above.

Member's Signature _____ Date _____

Exercise Facility Reimbursement

WHAT DO I NEED TO DO?

You can simply complete the enclosed Exercise Facility Reimbursement claim form and send it to the Aetna address at the top of the form, along with:

- A copy of your health club agreement or contract that includes the name and address of the exercise facility and the membership or class dates.
- Photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your facility fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the facility and the individual charges for six months of facility membership or class fees.

**If you have any questions about these programs,
please call the Member Services number on the back of your ID card.**