NAVIGATOR MEMBER FITNESS CLUB REIMBURSEMENT FORM

(All Fields Required)

1. Member's Name (Last, First, Middle Initial) (Please print in capitals)

Last First MI

2. Member's Tufts Health Plan

3. Proof of payment through one of the following:

- ❑ The front and back of the cancelled check written to the fitness club, or the bank-encoded front of the check written to the fitness club, totaling at least $150
- ❑ A credit card statement or receipt totaling at least $150
- ❑ A statement from the fitness club, on the fitness club's letterhead with authorized signature, indicating payment of at least $150 was made
- ❑ A receipt for purchased items, with the fitness club's name and address preprinted on the receipt, with items listed and amount of at least $150 paid

4. Signature is required

I attest that the above information is accurate and complete.

5. Please submit this form and all documentation to:

Tufts Health Plan
GIC Fitness Claims
705 Mt. Auburn Street
Watertown, MA 02472-1508

Please do not staple any materials to this form.

TUFTS Health Plan
No one does more to keep you healthy.