



Get healthy and get money back

Brown University Health wants to reward you for being healthy by giving you up to **\$150 back** per household on qualifying well-being expenses. This benefit is available to all benefit-eligible employees, regardless of insurance coverage.

1. Save your itemized receipt from any qualifying expense listed below.
2. When you reach \$150, submit the "Well-being Reimbursement Request" and all receipts to the BCBSRI Claims Department.

Qualifying Expenses:

- Gym membership
- Activity tracker
- Running or exercise shoes
- Exercise equipment
- Fitness or meditation classes (in person or on demand)

Need some fitness gear? Activity tracker? Shoes?

Head over to **Blue365deals.com** to see how much you can save with offers from 45 national brands, from Fitbit® to Reebok®. Just for being a Blue Cross member.

Always consult a physician before beginning any new exercise program.

WELL-BEING REIMBURSEMENT REQUEST

PLEASE PRINT ALL INFORMATION CLEARLY

This well-being reimbursement applies one form per family, per calendar year. All well-being reimbursement requests must be submitted by March 31 of the following year. Reimbursement will be paid to the active Brown University Health employee.

BROWN UNIVERSITY HEALTH EMPLOYEE OR SUBSCRIBER INFORMATION

Brown University Health Employee ID Number OR Subscriber ID Number				
Employee's Last Name	First Name	M.I.	Date of Birth ____/____/____	
Address - Number and Street		City	State	Zip Code

WELL-BEING ITEM DETAILS

Total Dollars Requested: \$_____ Calendar Year _____

Home exercise equipment or gear: \$_____ Other: \$_____

☐ Membership Fees: \$_____ ☐ Fitness Class Fees: \$_____ ☐ Activity Tracker: \$_____

Valid proof of payment must be attached. Acceptable forms are: itemized receipt for activity tracker, itemized receipt from fitness club or group exercise facility, a credit card statement indicating fitness club or exercise payment, or a letter on letterhead with an authorized signature indicating dates, line items, and payment amount.

CERTIFICATION (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for these services. I understand that this reimbursement may be considered taxable income. I also understand that Blue Cross & Blue Shield of Rhode Island may request any additional information it deems necessary to verify that services were received and payment was made.

Employee's Signature: _____ Date: ____/____/____

COMPLETE THIS FORM AND MAIL IT TO:

BCBSRI Claims Department
500 Exchange Street
Providence, RI 02903-2699

If you have questions about the program or this form, please call the **Brown University Health Employee CARE Center** at (401) 429-2102 or 1-866-987-3706. The CARE Center hours are **Monday – Friday, 8:00 a.m. – 8:00 p.m., and Saturday, 8:00 a.m. – noon.**