Get well and get money back

You want to be healthy. You want to be well. And we want to help you do that.

Lifespan is giving you up to **$150 back** on your costs for an activity tracker, a gym membership, exercise classes, the purchase of instructional videos and exercise equipment, and much more.

1. Purchase an activity tracker, home exercise equipment, or on-demand exercise classes, or sign up for yoga, kickboxing, a fitness class, or gym membership.

2. Save your itemized receipts. When you reach $150, submit the "Well-being Reimbursement Request" and all receipts to BCBSRI.

3. Get well and get your reimbursement!

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.

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Blue Cross Blue Shield of Rhode Island

WELL-BEING REIMBURSEMENT REQUEST

PLEASE PRINT ALL INFORMATION CLEARLY

This well-being reimbursement applies one time 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 Lifespan employee/subscriber.

LIFESPAN EMPLOYEE/SUBSCRIBER INFORMATION (POLICYHOLDER)

Lifespan Employee ID Number **OR** Subscriber ID Number

Employee/Subscriber'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.

Subscriber or
Member'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 **Lifespan 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.**

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.