



**Get a reward for exercising**

Eligible Tufts Health RITogether members can receive a reimbursement of up to \$50 once every 12 months for a gym membership or fitness-related activity.

**Follow these steps to request your reward:**

1. You must be a Tufts Health RITogether member for three (3) months to be eligible for this reimbursement.
2. Fill out the **Member Information** section of this form.
  - If you are filling out this form for another member, use that member’s name, Tufts Health Plan Member ID # and address.
  - Fill out one (1) form for each member.
3. Mail or fax us the completed form and include:
  - An original, itemized receipt showing payment for a gym membership or eligible fitness-related activity.

We will begin processing your request when we receive the completed form. You should get your reimbursement 6-8 weeks later.

*EXTRAS may change. Please see our website at [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) for the most up-to-date EXTRAS and eligibility information.*

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**Member Information**

Today’s date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Tufts Health Plan Member ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Requesting reimbursement for (check one):**

Gym membership fees     Fitness activity fees (list activity): \_\_\_\_\_

*(If you are requesting this on behalf of a child or dependent, please print the name of the parent/guardian the check should be made out to):* \_\_\_\_\_

**Members, please mail this form to:**

Tufts Health Plan  
Attn: Claims Department  
P.O. Box 524  
Canton, MA 02021

**Or fax to: 857-304-6300**

**Questions? Call us at 866-738-4116  
Monday–Friday, 8 a.m.–6 p.m.**