Healthy Members Are Happy Members

We know that staying with an exercise routine isn’t always easy. To encourage you to get fit and stay healthy, Affinity offers partial reimbursement for exercise facility fees or membership fees when you become a member of the Essential Plan. It’s that simple! Check your Subscriber contract under the Wellness Benefits section for more information about this reimbursement program.

FIRST SELECT A GYM. The fitness center you choose must maintain equipment and programs that promote cardiovascular wellness (tennis clubs, country clubs, weight loss clinics, spas or other similar facilities are not eligible). You must be an active member AND complete 50 visits in a six-month period, per plan year, to qualify for reimbursement.

OBTAIN A FORM. The reimbursement form is on the following page. Please print, fill out and return it to Affinity via mail or fax. If you don’t have a printer, call Member Services at 866.247.5678 and ask that a reimbursement form be mailed or faxed to you.

TRACK YOUR VISITS. Each time you visit the exercise facility, a facility representative must sign and date your reimbursement form. Or, instead of filling in the dates of your 50 gym visits on your form, you may submit one of the pieces of information below and attach it to the reimbursement form.

a. A computer printout of your visits to the fitness center, with a signature from a gym representative.

b. Receipts that indicate each time you visited the gym, with a signature from a gym representative.

If you choose to track your visits on your reimbursement form, make sure all 50 visits are included or your reimbursement may be delayed.

SUBMIT YOUR FORM. At the end of the six-month period, mail or fax your completed reimbursement form and supporting documents to:

Mail: Affinity Health Plan
Attention: Member Services
EP Fitness Rewards
1776 Eastchester Road
Bronx, NY 10461

Fax: 718.536.3386

HOW MUCH CAN YOU GET REIMBURSED? Once Affinity Health Plan receives and accepts your completed reimbursement form, you may be reimbursed a maximum of $200 per six-month period, per plan year.
FITNESS REWARDS FORM

Member Name: ___________________________ Member ID Number: ________________________________

Member Date of Birth: _______________________

Six Month Period Requested: Start Date: ___________________ End Date: _________________________

DATES OF 50 GYM VISITS (with gym rep. signature)

1. ___________________________ 26. ___________________________
2. ___________________________ 27. ___________________________
3. ___________________________ 28. ___________________________
4. ___________________________ 29. ___________________________
5. ___________________________ 30. ___________________________
6. ___________________________ 31. ___________________________
7. ___________________________ 32. ___________________________
8. ___________________________ 33. ___________________________
9. ___________________________ 34. ___________________________
10. __________________________ 35. __________________________
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19. __________________________ 44. __________________________
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21. __________________________ 46. __________________________
22. __________________________ 47. __________________________
23. __________________________ 48. __________________________
24. __________________________ 49. __________________________
25. __________________________ 50. __________________________