

## Fitness Benefit

### If you have Cigna benefits, we've got a healthy incentive for you!

As a customer of the Cigna Medical Plan and an employee of **Coca-Cola Beverages Northeast** you are eligible for a fitness reimbursement.

**The maximum fitness benefit is \$500 per calendar year per medical plan participant. Each member of your family qualifies if they are Cigna members.**

### What kind of health club membership or fitness class may qualify?

Start exercising your option by picking a qualified full-service health club or an online fitness subscription program that works for you. Eligible items under the fitness reimbursement program include:

- Health club memberships
- Online fitness memberships, subscriptions, programs, or classes (ex. Peloton, Mirror)
- Fitness classes including spin, yoga, and kickboxing.
- In-person or online weight loss programs

### What does not qualify?

Martial arts centers, gymnastic facilities, country clubs, tennis, pool-only facilities, social clubs, or sports teams and leagues. Fees for personal training, lessons, coaching and exercise equipment or clothing purchases will *not* be covered.

### Here's what you need to do:

At the time of reimbursement submission, the Cigna customer must be a current **Coca-Cola Beverages Northeast** employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement. Reimbursement is based on your total receipts up to \$500 per calendar year per medical plan participant. Reimbursement forms and receipts must be completed and submitted no later than March 31<sup>st</sup> of the following calendar year.

### Simply send to Cigna:

- Completed Fitness Reimbursement Form
- Dated, original receipts from your health club/studio or copies of bank or credit card statements (black out any reference to account or credit card numbers) showing:  
(Example: Payment history)

- – The Cigna customer's name  
– Individual charges of each health club membership or fitness class fees

Sign, date and email the completed Fitness Reimbursement Form and the above information to the email address below:

- E-Mail address

[NEFitnessReimbursement@CignaHealthcare.com](mailto:NEFitnessReimbursement@CignaHealthcare.com)

Please allow 8-10 weeks for processing. If you have any questions, please call Customer Service at **1.800.997.1654**.

***Always consult a physician before beginning any new exercise program.***



## Fitness Reimbursement Form

PLEASE PRINT ALL INFORMATION CLEARLY

Cigna ID Card Number	Last Name	First Name	Middle Initial
Home Address - Number & Street	City	State	Zip Code
Employer's Name <b>COCA-COLA BEVERAGES NORTHEAST</b>			
	Reimbursement is: <input type="checkbox"/> Individual <input type="checkbox"/> Family		Date of Birth (MM/DD/YYYY):
<b>WHEN TO SUBMIT FORM</b> <ul style="list-style-type: none"><li>• After you have collected \$500 in receipts from a qualified health club or studio.</li><li>• Submit one form for each qualifying member of your family.</li><li>• Once per calendar year, submit no later than March 31<sup>st</sup> of the following calendar year.</li><li>• At the time of reimbursement submission, the Cigna customer must be a current <b>Coca-Cola Beverages Northeast</b> employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement.</li><li>• Reimbursement will be based on the date the services were paid.</li></ul>			
<b>CLUB/CLASS INFORMATION REQUIRED</b> <i>(Attach itemized receipts)</i>			
Name and Address of Health Club or Studio			Dates of Service:

Total number of receipts attached: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

**Total Reimbursement Amount Requested:** \$ \_\_\_\_\_

All fitness reimbursements will be sent to the Cigna customer's home address.

I authorize the release of any information to Cigna about my health club membership. I certify that the information provided in support of this submission is complete and accurate and has not been previously submitted.

Cigna Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email this form and all copies of your receipts to the below address. Please allow 8-10 weeks for processing. If you have any questions about your submission, please call 1.800.997.1654 for Customer Service.**

E-Mail address  
NEFitnessReimbursement@CignaHealthcare.com

**Note: If services are denied, a denial letter will be sent to the Cigna customer's home address or Via email. Please be sure to keep copies of your form and receipts,  
Cigna will not return any receipts or claim forms. The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.**

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