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## 2014 Fitness Benefit Insurance Reimbursement Request Form

Today's Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

BU ID or FitRec ID: \_\_\_\_\_

FitRec follows Boston University's wellness benefit requirements. You must meet the requirements below or your request will not be processed. If your insurance company's reimbursement requirements differ, you must specify these under special instructions.

- **You may only submit one insurance reimbursement per membership plan per calendar year.**
- **You must have been a FitRec member for a full 4 months during the 2014 calendar year you are claiming**
- **Your FitRec membership payments must meet or exceed \$150 in membership fees during the 2014 calendar year you are claiming**
- **You have until March 31, 2015 to file your reimbursement claim with your insurance provider.**

If applicable, should spouse name be included on the receipt?

If yes, provide spouse name: \_\_\_\_\_

Please allow 3-5 business days for the letter to be processed. Letters will not be mailed. Your letter will be available for pick-up at the FitRec front desk.

Special Instructions:

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