# 2026 Fitness Reimbursement Form

ECHS Category: SP07

**Aetna® Medicare fitness reimbursement pays members back for certain equipment and fees that can improve fitness and health outcomes.**

Before you proceed, respond to the following questions to determine reimbursement eligibility. If the answer to any question below is "No," the item is not eligible for direct member reimbursement.

1. Did you review the Evidence of Coverage for the list of covered items/services/fees? Yes/No
2. Was this item purchased in 2026 for use in 2026? Yes/No
3. Is this service or item for your personal use only? Yes/No
4. Do you have an itemized receipt for each item or service? An itemized receipt includes date of purchase, name of retailer, location of purchase, description of item and amount paid. Yes/No

## How to complete this Reimbursement Form

### When to use this form

1. Fill out this form if you are asking for reimbursement for covered fitness fees and exercise equipment. Do not use this form for any other reimbursement benefits.
2. Submit one form for each itemized receipt. **Important:** Expenses can only be reimbursed for the quarter they occurred and only up to that quarterly amount.
3. Your receipt and documentation must be submitted within 60 days of the end of the quarter in which the purchase was made. For purchases in the last quarter, your form must be submitted by **January 31, 2027**.

### How to fill out this form

1. Complete each section. Print clearly in black ink only.
2. Read the statement in Section 3 below. Sign and date the form.
3. If someone other than the member is signing the form, you must have an Appointment of Representative form on file with the health plan. You can find this form on **AetnaMedicare.com/forms**.

### Where to send the completed form

1. Write your Aetna member ID on each itemized receipt and at the top of each page of this form. Make copies of all these materials for your records. We will not return your documents.
2. The itemized receipt must clearly state what was purchased, when it was purchased and how much it cost.
3. If you are looking to be reimbursed for taxes and/or shipping/handling amounts, it must be shown on an itemized receipt and requested on the reimbursement form.
4. Mail this completed form and your original itemized receipts to the following address:
   Aetna Medicare
   PO Box 981106
   El Paso, TX 79998-1106
5. Or fax this completed form with your original itemized receipts to **1-866-474-4040**.

### Things to remember

1. You must provide all the requested information. If you don't, it may take longer for us to pay you back. Or we may not be able to pay you back at all.
2. Approved requests can take up to 45 days to send a check to the address we have on file.

| **Section 1: Member information *(print clearly)* – ALL fields required** | | | |
|---|---|---|---|
| Aetna® member ID: | | Date of birth *(MM/DD/YYYY):* | Phone number *(with area code):* |
| Last name, First name, Middle initial: | | | |
| Street address: | | | City: |
| State: | ZIP code: | Email: | |

| **Section 2: Reimbursement request *(information must match your itemized receipt)*** | |
|---|---|
| **Select the <u>one</u> reimbursement category below related to your itemized receipt for this submission.** | |
| ☐ **Fitness fees, lessons or classes**<br>The itemized receipt must reflect only the current plan year and cannot be submitted more than once for the same item or service. And you can only be reimbursed up to the allowance amount for the quarter in which it was purchased. If your fitness fee, lesson or class spans multiple years, please ask for an itemized receipt that covers only the current plan year portion. The receipt must also show the name of the lesson or class. | |
| Retailer name: | Purchase location: |
| Name of lesson or class: | |
| Date of purchase (mm/dd/yyyy)<br>**Purchase must be made in 2026*: | Amount paid: |
| Fitness fee, lesson or class start date (mm/dd/yyyy): | Fitness fee, lesson or class end date (mm/dd/yyyy): |

Aetna® member ID:

| | |
|---|---|
| ☐ **Exercise and strength training equipment**<br>You must include an itemized receipt. It must show the purchase was made within the quarter and clearly reflect the name of the retailer. Include the retailer's name and a description of the item in the box below. You cannot be reimbursed for secondhand items or items purchased from resellers (e.g., Facebook Marketplace, eBay or garage/yard sales). | |
| Retailer name: | Purchase location: |
| Date of purchase (mm/dd/yyyy)<br>*Purchase must be made in 2026: | Amount paid: |
| Description of equipment item: | |
| ☐ **Wearable heart monitor or tracker**<br>Fitness trackers that **only** focus on tracking health metrics like steps, heart rate and sleep are covered but limited to one per member per plan year. You must send your itemized receipt for the fitness tracker with this form and describe how you're using the tracker for fitness. Golf trackers and smartwatches are **excluded** (Apple and Google smartwatches). | |
| Retailer name: | Is the tracker registered to you:<br>☐ Yes ☐ No |
| Date of purchase (mm/dd/yyyy):<br>*Purchase must be made in 2026: | Amount paid: |
| Brand and model of fitness tracker: | Describe how you're using the tracker: |

**Remember to submit an itemized receipt along with the completed reimbursement form.**

Aetna® member ID:

## Section 3: Signature is required

By signing and submitting this form, you are certifying that the information is true and correct and that the services or items for which you requested reimbursement are for your sole use. You are certifying that you understand that any person who knowingly files a claim containing any false or misleading information may be guilty of fraud and is subject to criminal or civil penalties.

| Aetna Member ID | |
|---|---|
| Member signature or authorized representative signature | Date |

## Section 4: Acknowledgment

**Questions?**
We are here to help. Just give us a call at **the number on your ID card, 8 AM–8 PM, 7 days a week.**

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. All trademarks are the intellectual property of their respective owners.

**Important disclaimers**
Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on your ID card. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

للحصول على خدمات اللغة مجانًا، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك. (Arabic)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d’identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。(Japanese)

လၢကမၤန့ၢ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လာ်ဘူၣ်လာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ် ဖဲန ID အဖီခိၣ်နၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج روی کارت ID خود تماس بگیرید. (Persian)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa iyong ID card. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị. (Vietnamese)

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