Silver&Fit® Out-of-Network Verification and Reimbursement Form

Please complete the verification and reimbursement forms, starting on the next page, and attach a copy of your proof of payment, showing your name, fitness center name, amount paid, and dates covered. ***You must be eligible for the Silver&Fit program during the timeframe for which you are submitting for reimbursement.*** Without these forms and proof of payment, we will be unable to consider your reimbursement request.

Please note that reimbursement requests for fitness centers outside of the 50 U.S. states, District of Columbia, and its territories will not be considered. To be eligible for reimbursement, the fitness center must offer use of cardiovascular exercise equipment (e.g., treadmills, exercise bicycles, stair climbers, etc.), strength or resistance training equipment (e.g., weight/resistance machines, free weights, etc.), and/or instructor-led classes (such as aerobic dance, Pilates, "step" classes, yoga, etc.). Approved fitness centers must have staff oversight, be open to the public, and must offer a membership agreement (or equivalent thereof). Rehabilitation or physical therapy services, personal training sessions, social clubs, sports teams, and leagues are excluded. **You will not be reimbursed for out-of-network fitness center fees if you were enrolled at an in-network fitness center during the same time period.**

It is your responsibility to continuously verify if the out-of-network fitness center you are using joins the Silver&Fit network. You can check status on the Silver&Fit website or directly with the fitness center. You will not be reimbursed for dates in which the fitness center is participating in the Silver&Fit network. Please contact the Silver&Fit program for more information on what you need to do if your out-of-network fitness center joins the Silver&Fit network.

Please note that a 80% coinsurance is applicable.

Reimbursement submissions that reflect a family membership will be processed as follows:
The reimbursement amount will be divided by the number of family members to determine the fee for the individual requesting reimbursement. For example, if you submit for reimbursement for a family membership of $100/month and you have four people in your family on the same membership, you will be reimbursed $5 for that month after application of coinsurance (20% of $100 is $20, divided by 4 family members = $5 reimbursement for you).

We will not reimburse you for payments made for future months. If you pay your fitness center dues in advance, you can submit proof of payment for reimbursement. We'll reimburse the net amount monthly, after any applicable coinsurance, until one of the following occurs: your proof of payment expires, your fitness center joins the Silver&Fit network, or you enroll in an in-network fitness center.

Please email or mail your completed documentation no later than 90 days after the end of the calendar year. Be sure to include this **Verification and Reimbursement Form** and **proof of payment**. Emailed documents must be sent in PDF format.

Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117

Email: fitness@ashn.com

If you have any questions, please call the Silver&Fit program at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 8 a.m. to 9 p.m. Eastern time.

Member Information

Member's Name (Last, First, MI) _____

Member's Date of Birth _____

Member's Health Plan Name _____ Member's ID Number _____

Fitness ID Number _____

Member's Address _____

City _____ County _____ State _____

ZIP _____ Phone _____

Fitness Center Information

Fitness Center Name _____

Fitness Center Address _____

City _____ County _____ State _____

ZIP _____ Phone _____

(Please note, if you pay your fitness center dues in advance for multiple months, you only have to submit proof of payment once for that period. Automatic payments will be made until your proof of payment expires or benefit maxes.) I am requesting reimbursement for the following month(s):

☐ January 2027	☐ February 2027	☐ March 2027	☐ April 2027
☐ May 2027	☐ June 2027	☐ July 2027	☐ August 2027
☐ September 2027	☐ October 2027	☐ November 2027	☐ December 2027

NOTICE: This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this reimbursement will be from Federal and State funds, and that any false reimbursements, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.

Member's Signature _____ Date _____

Please have your fitness center complete the rest of the form. Be advised that a copy of your fitness center agreement may be requested.

Type of Arrangement

□ Fitness Center Agreement

□ Signed Application

□ Other—Please Explain _____

Membership

□ Individual membership □ Family membership—If family membership, list names below

_____ _____

_____ _____

_____ _____

Membership Term

Amount Paid for Membership $ _____

□ Monthly Membership Start Date _____ End Date _____

□ Annual Membership Start Date _____ End Date _____

□ Semi-Annual Membership Start Date _____ End Date _____

□ Multiple Month Membership Start Date _____ End Date _____

□ # of Classes Attended _____ Start Date _____ End Date _____

□ Other _____ Start Date _____ End Date _____

Fitness Center Attestation:

I, _____ (fitness center representative name), confirm that as part of the membership agreement/arrangement with the member listed above, the member has accepted liability and risk for use of the fitness center.

Fitness Center Representative Signature _____ Date _____

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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711).