

2025 Fitness Reimbursement Benefit (for retirees)



Get reimbursed up to \$225 per family per calendar year for eligible expenses.
Available to retirees, and their spouse, who are enrolled on a Dartmouth sponsored medical plan.

Follow these 3 easy steps:

1

MAKE AN ELIGIBLE PURCHASE

- Fitness Facilities
- Exercise Classes

2

COMPLETE FORM

Complete form on
reverse side
(page 2)

3

SUBMIT FORM BY 1/15/2026

Email completed form
AND receipt to Cigna
for processing

What qualifies?

- Full-service brick and mortar facilities with cardiovascular and strength training equipment as well as swimming, yoga, and tennis-only facilities.
- Exercise classes led by an instructor including, brick and mortar in-person classes, online/streaming, apps, or DVD classes.

What DOES NOT qualify?

- Home Exercise Equipment
- Personal Training Sessions
- Sports Lessons (e.g. golf lesson)
- Sports Equipment (e.g. skis, skates)
- Sneakers or Clothing
- Activity Tracking Devices (e.g. Fitbit)
- Workshops
- Nutrition Programs (e.g. Weight Watchers)
- Race Fees
- Ski Passes
- Sport Leagues (e.g. basketball, rowing)
- Massage, Acupuncture, Hypnosis
- Open Gym (e.g. climbing gyms)

Important Information:

- \$225 is the maximum reimbursement amount per family* per calendar year.
- There is no attendance requirement, you can submit your form and receipt(s) as soon as you make an eligible purchase.
- Your receipt must be for 2025 fees/services (2024 receipt is acceptable if you paid for 2025 services in 2024).

Submission Process:

- **Please email the benefit form and receipt to: NEFitnessReimbursement@CignaHealthCare.com**
- Reimbursements will be mailed to your address on file. Please allow 8 -10 weeks to receive your reimbursement check from Cigna.
- Any reimbursements received as part of the Fitness Benefit are considered taxable income. Please consult your personal tax advisory regarding the proper reporting of this income.

What is the deadline to submit?

January 15, 2026.

For questions, including eligibility or the status of your submission, email Wellness@Dartmouth.edu, or call our office at 603.646.3706

2025 Fitness Reimbursement Form

Section 1 - Retiree Information:

Retiree Name (First, Last): _____

Cigna ID: _____ Date of Birth (mm/dd/yyyy): _____

Mailing Address: _____

Section 2 - Purchase Information:

Purchaser Name (Retiree/Spouse): _____

I am submitting for:

<input type="checkbox"/> Fitness Facility	Date of Purchase: _____	Amount Paid: _____
Fitness Facility Name: _____		
Dates of Membership: _____		

AND/OR

<input type="checkbox"/> Exercise Class	Date of Purchase: _____	Amount Paid: _____
Exercise Class Name: _____		Online/DVD (Yes/No): _____
Location (if applicable): _____	Class Dates (if applicable): _____	

Section 3 - Submission:

Receipts may be submitted immediately after purchase and must be for services in 2025. Submissions must be emailed by January 15, 2026. Reimbursements will be provided via check. Please retain a copy of all receipts and documents for your records.

Total # of Receipts Attached: _____ Total Amount Requesting: \$ _____ (max of \$225)

Section 4 - Signature:

I authorize the release of any information verifying purchases and payments regarding the activities I seek reimbursement for. I certify the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Cigna may deny a submission based on eligibility, purchase, or duplication, and additional information may be necessary to process this request.

Purchaser Signature: _____ Date: _____

Please email this form and all receipts to: NEFitnessReimbursement@CignaHealthCare.com