



**Weight Loss/Fitness Program
and Childbirth Classes
Award Reimbursement Request**

For internal purposes only: HLRR

Submit Claims To:
Aetna
PO Box 981106
El Paso, TX 79998-1106

Failure to complete form in full may cause delay in payment.

Employee Instructions:

1. Complete Parts 1 & 2 in full.
2. Attach receipts for all expenses incurred for reimbursement.
3. You must meet the requirements described on the reverse side.

Part 1

Employee Name (First, Middle, Last)		Date of Birth (MM/DD/YYYY)	Member ID Number
Employee Address (Street, City, State, ZIP Code)			
Employer Name Zoll Medical Corporation			Control Number 869811
Dependent Name(s)	Gender	Date of Birth (MM/DD/YYYY)	Relationship to Insured
1.	<input type="checkbox"/> M <input type="checkbox"/> F		
2.	<input type="checkbox"/> M <input type="checkbox"/> F		
3.	<input type="checkbox"/> M <input type="checkbox"/> F		
4.	<input type="checkbox"/> M <input type="checkbox"/> F		

Part 2

Weight Loss, Fitness Program or Childbirth Classes	
Address (Street, City, State, ZIP Code)	
Program Attended	Health Club Reimbursement and Health Education <input type="checkbox"/> S9451 – Exercise classes, Gym membership <input type="checkbox"/> S9449 – Weight Management classes <input type="checkbox"/> S9436 – Childbirth preparation/Lamaze class <input type="checkbox"/> S9439 – VBAC (vaginal birth after cesarean) classes <input type="checkbox"/> S9442 – Birthing classes
Date(s) Program Attended	

Employee Certification

I certify that these expenses were incurred by myself or an eligible dependent. These classes were attended for the full term of the class offered and attendance can be verified by the provider listed above.

Employee's Signature _____ Date _____

Aetna Weight Loss/Fitness Program and Childbirth Classes Reimbursement

For the Members of Zoll Medical Corporation's Medical Benefit Plan

WEIGHT LOSS AWARD

Your Zoll Medical Corporation Aetna medical benefit plan includes a Weight Loss Award that can save you or your family up to \$150 per household per calendar year in qualified weight loss program fees.

Qualified Weight Loss Programs

Qualified weight loss programs are traditional Weight Watchers memberships, Weight Watchers At Work meetings, a weight loss program that is offered through a hospital facility, or Weight Watchers Online or other virtual or on line weight loss programs.

The Weight Loss Award does not apply to: Fees paid for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify.

If you have any questions about these programs, please call the Member Services number on the back of your ID card.

FITNESS BENEFIT

Your Zoll Medical Corporation Aetna medical benefit plan includes a Fitness Program Award that can save you or your family up to \$150 per household per calendar year in qualified health club membership fees.

You can claim your Fitness Program Award after you've belonged to your health club and been a Zoll Medical Corporation medical benefit plan member for at least four months (in a calendar year).

Qualified Health Clubs

A qualified health club is one that offers a variety of cardiovascular and strength-training exercise equipment. These include traditional health clubs, YMCAs, and JCCs. A qualified fitness program also includes virtual/online fitness memberships, subscriptions, programs or classes that provide cardiovascular and strength training using a digital platform (i.e. Beachbody, Peloton, etc.)

The Fitness Program Award does not apply to martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues. It also does not apply to aerobic/fitness activity fees (including those paid for personal training, lessons, coaching, exercise equipment, or clothing) paid to a non-qualified health club.

CHILDBIRTH CLASSES

Your Zoll Medical Corporation Aetna medical benefit plan includes a childbirth class reimbursement of \$90 for first-time mother courses and \$45 for refresher courses for participation in a qualified program.

Qualified Childbirth classes

Qualified childbirth classes may be offered by your doctor or hospital where you plan to deliver. Instructors must be certified in childbirth or Lamaze.

WHAT DO I NEED TO DO?

You can simply complete the enclosed Weight Loss/Fitness Program Award claim form and send it to the Aetna address at the top of the form, along with:

- **For Weight Loss Benefit reimbursement:**
 - o Photocopies of dated paid receipts, from the qualified program in which you enroll. Receipts must show the Aetna member's name, name/logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers Programs, a photocopy of your program "Membership Book" showing this information is required
- **For Fitness Program Award reimbursement:**
 - o A copy of your health club agreement or contract that includes the name and address of the health club and the membership or class dates.
 - o Photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for four months of health club membership or class fees.
- **For Childbirth Classes Reimbursements:**
 - o Photocopies of dated, paid receipts, or your bank or credit card statements, for fees. Receipts or statements should include the name of the family member enrolled in the program and the individual charges.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na orụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idia y ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပူၤလၢနကဘၣ်ဟ့ၣ်အိၣ်ဘၣ်န့ၣ်.ကိးဘၣ်လိတဲစိနီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၢ်စိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M̄ d̄yi wuḍu-d̄u kà kò d̄ò b̄ě d̄yi móuḥ n̄i p̄idyi ní, n̄í, d̄á n̄òbà n̄à n̄i ID káàò k̄õ. (Kru-Bassa)
بۆ دەسپێز آگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەییوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی
خۆت. (Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा.
(Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID
kaat eo am. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe
en ID. (Micronesia-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tē k̄w̄r yin w̄ē̄r de thokic ke c̄in w̄ēu k̄r keek t̄ē̄w̄r yin. Ke c̄ol k̄oc ye k̄oc kuony n̄ē n̄ombā
de abac t̄ō n̄ē ID kard du k̄ōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
(Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
(Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na
Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta
na sua identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ
ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul dvs. de
identificare. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону,
приведенному на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau
pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
(Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-
Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya
kitambulisho. (Swahili)

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(Syriac-Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.

(Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікаційній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפראך באדינונגען אין קיין פרייז צו איר, רופן די נומער אויף דיין שיין קארט. (Yiddish)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe nọmba ori káádí idánimọ rẹ. (Yoruba)