Healthy Returns Reimbursement Form

Kaiser Permanente Fitness Allowance reimburses members for activities that enhance fitness. **Use this form to apply for reimbursement. For faster processing, you can apply online at kphealthyreturns.rallyengage.com or on the Rally Engage app.**

Scan to apply online

Please read the instructions on Page 4 before proceeding.

Section 1: Member Information (all fields required)

Kaiser Permanente Member ID

Found on your insurance card

Date of birth

MM / DD / YYYY

Phone No (w/ area code)

Ex: 999 999 9999

Last name, first name, middle initial

Email

Street address

City

State

ZIP code

Section 2: Reimbursement request (information must match your itemized receipt)

Select one reimbursement category related to your itemized receipt for this submission

☐ **Membership**

The itemized receipt must reflect only the current plan year. If your membership spans multiple years, please ask for an itemized receipt that covers only the current plan year portion. Payment must be made within the plan year.

Fitness facility name

Fitness facility address

Date of purchase

MM / DD / YYYY

Amount paid

$

Membership start date

MM / DD / YYYY

Membership end date

MM / DD / YYYY

Kaiser Permanente Member ID

Activity (covers fitness/sports classes and activity fees)

Please include an itemized receipt with your submission. The receipt should show that the purchase was made within the plan year and clearly display the name of the fitness facility. In the box below, kindly provide the fitness facility's name and a description of the activity.

Fitness facility name

Fitness facility address

Date of purchase

MM / DD / YYYY

Amount paid

$

Date of activity

MM / DD / YYYY

Description of activity

Please submit a copy of the itemized receipt with this form as proof.

Kaiser Permanente 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 for which you requested reimbursement are for your sole use.

Member or authorized representative signature

Date of activity

MM / DD / YYYY

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.

Instructions

When to use this form

Use this form to request reimbursement for covered fitness activity fees or fitness memberships only. Submit a separate form for each itemized receipt.

Eligibility

Please answer the following questions to check if your item qualifies for reimbursement. If you answer "No" to any of these questions, the item will not be eligible for reimbursement:

1. Was this item purchased for use in 2025? Yes/No
2. Is this service intended for your personal use only? Yes/No
3. Do you have an itemized receipt for each service, showing the date of purchase, name and location of the fitness facility, a description of the service, and the amount paid? Yes/No

All reimbursement requests must be received no later than the first 90 days of the following year.

How to fill out this form

1. Complete each section. Print clearly in black ink only.
2. Read the statement in Section 3 on page 3. Sign and date the form.

Where to send the completed form

1. Write your Kaiser Permanente member ID number 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 state what was purchased, date of purchase, and how much it cost.
3. You can mail this completed form along with your original itemized receipts to:
   PO Box 1884
   Southampton, PA 18966

Things to remember

1. Please make sure to provide all the requested information to help us process your reimbursement quickly. Incomplete forms may delay your payment or result in a denial.
2. Once approved, it can take up to 45 days to receive your check at the address we have on file.

Questions

We are here to help. Just give us a call at **800-824-5840** (TTY **711**), Monday – Friday, 7 a.m. – 8 p.m. MT / 9 a.m. – 1 p.m. ET / 6 a.m. – 7 p.m. PT.