

Fitness Facility Reimbursement Submission Form

When you've completed 50 exercise sessions over a 6-month period at an eligible fitness facility, you are ready to claim your first \$200 reimbursement!*

Remember:

- Eligible facilities must offer a regular, supervised exercise program that includes cardiovascular, flexibility, and/or weight resistance training. See your policy for complete details.
- Only one exercise session may be logged per 24-hour period. There must be at least 8 hours between sessions.
- Send in your Reimbursement Submission Form and required documentation no later than 90 days following the end of each contract year.

How to Claim your Reimbursement

To claim your reimbursement, simply complete the Reimbursement Submission Form on the next page and attach the computer printout provided by your fitness facility listing your 50 visits. You must also provide a receipt showing that you have paid in full for the fitness membership.

Or if your fitness facility does not provide a printout of your visits, please use the log on the next page to keep track of your exercise sessions yourself.

- Bring the log with you every time you exercise at an eligible fitness facility.
- At the conclusion of your exercise session, enter the date, facility code, and type of exercise you completed (e.g., cardiovascular, weight training, etc.) and ask a facility staff member to sign or stamp your log.

Once you have participated in Exercise Rewards™ for the first six months of the benefit year, start working towards your next goal of 50 exercise sessions for an additional 6-month period. Then redeem your second \$200 reimbursement up to a total of \$400 per contract per year!

For additional information on eligibility and submission requirements, exclusions and limitations, and more, please refer to your Exercise Rewards Program materials and your benefit contract.



If your fitness facility does not provide a computer printout of your exercise activity, please use this log each time you visit the facility.

	Date	Facility Code*	Facility Signature or Stamp	Type of Exercise
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

	Date	Facility Code*	Facility Signature or Stamp	Type of Exercise
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

***Facility Code**

Complete the following information for each facility you use. Use a different letter (e.g., A & B) for each fitness facility you visit. If you use additional facilities, please attach a sheet with the facility information and code (C, D, E, F, etc.)

A

Facility Name: _____

Facility Type*: _____

Address: _____

City/State: _____ Phone: _____

B

Facility Name: _____

Facility Type*: _____

Address: _____

City/State: _____ Phone: _____

Reimbursement Submission Form

I have completed 50 sessions in a 6-month period and have earned my reimbursement (check all that apply):

- I am including a receipt showing that I have paid in full for the fitness facility membership (required)
- I am including computer printouts from my fitness facility which show my workouts, OR
- My log is completely filled out

Please send my reimbursement to:

Name _____ Address _____

City/State ZIP _____ Phone _____

Health Plan ID# _____ Date of Birth _____

Signature _____ Date _____

Mail your completed form to:

Exercise Rewards, P.O. Box 509117, San Diego, CA 92150-9117