



Gym reimbursement

(Form on p.2)

How to claim your reimbursement

To get your reimbursement, simply follow these steps:

1. Have your fitness center **complete a *Fitness Facility Member Verification form***. A new *Fitness Facility Member Verification form* will need to be completed each year or when you attend a new fitness center. Log on to anthem.com and go to the *Health and Wellness* page.
2. **Complete the *Gym Reimbursement form*** on p.2.
3. **Obtain a copy of your proof of payment** such as a receipt or statement from your fitness center or your credit card or bank statement. Please be sure to fill out all of the required information on your reimbursement form so we know what time period the payment covers.
4. **Track your gym visits.** Get a computer printout from your fitness center listing your visits. If your fitness center does not provide a printout of your visits, please use the log within this form to keep track of your workout sessions:
 - Bring the log with you every time you work out at an eligible fitness center.
 - At the end of your workout session, enter the date and fitness center code, and ask a staff member to sign or stamp your log.

Once you complete your required visits in a six-month period, you have two ways to send us your documents:

1. Send printed/hard copies to:
Gym Reimbursement, P.O. Box 509117, San Diego, CA 92150-9117
2. Email: fitness@exerciserewards.com
Subject line of email should read: Gym Reimbursement Request.
Include electronic and scanned copies as attachments.

For additional information on eligibility and submission requirements, exclusions and limitations, and more, please refer to your program brochure. Please note that members must be 18 or older to participate in the program.

Your health plan is committed to helping you achieve your best health. If you think you might be unable to meet a standard for the available reimbursement under this wellness program, you might qualify for an opportunity to receive the same reimbursable amount by different means. Contact us at 1-877-809-2746, Monday - Friday, 5 a.m. - 6 p.m. Pacific time, and we will explain how you can work with your physician to find an alternative that is right for you in light of your health status.

The Gym Reimbursement program is not a covered service under your group's medical insurance policy, but a separate component of your group health plan that is not guaranteed under your insurance *Certificate* and could be discontinued at any time.

Up to your yearly maximum reimbursement amount, the amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

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Gym Reimbursement Form

Member information

| | | |
|------------|--------------------|---------------|
| First name | Last name | |
| Phone | Health plan ID no. | Date of birth |
| Signature | | Date |

I have earned my reimbursement

(Use the checklist below to ensure all requirements have been met.)

- I've included a *Fitness Facility Member Verification* form, completed by my fitness center.
- I've included a receipt that shows I have paid for the fitness center membership.
- I've included computer printouts from my fitness center or the Exercise log below, that show my workouts.

Reimbursement month and year

Check all boxes that apply and fill in the year for which you are requesting reimbursement.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> January 20__ | <input type="checkbox"/> May 20__ | <input type="checkbox"/> September 20__ |
| <input type="checkbox"/> February 20__ | <input type="checkbox"/> June 20__ | <input type="checkbox"/> October 20__ |
| <input type="checkbox"/> March 20__ | <input type="checkbox"/> July 20__ | <input type="checkbox"/> November 20__ |
| <input type="checkbox"/> April 20__ | <input type="checkbox"/> August 20__ | <input type="checkbox"/> December 20__ |

Please note: Only the months that are checked will be considered for reimbursement. Only dues for previous months will be reimbursed.

Fitness code

Fill in the information below for each fitness center you visited. Use a different letter (such as "A" and "B") for each fitness center. If you used more than two fitness centers, please add a sheet with the fitness center information and code ("C," "D," etc.).

A

| |
|---------------------|
| Fitness center name |
| Fitness center type |
| Address |
| City/State/ZIP |
| Phone |

B

| |
|---------------------|
| Fitness center name |
| Fitness center type |
| Address |
| City/State/ZIP |
| Phone |

Exercise log

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

| | Date | Fitness center code | Fitness center signature or stamp |
|----|------|---------------------|-----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |

| | Date | Fitness center code | Fitness center signature or stamp |
|----|------|---------------------|-----------------------------------|
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
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| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | | |
| 34 | | | |

| | Date | Fitness center code | Fitness center signature or stamp |
|----|------|---------------------|-----------------------------------|
| 35 | | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |
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| 51 | | | |

Fitness Center Member Verification Form

Fill in your full name below, and then have your fitness center complete the rest of the form. Submit this form with your Gym Reimbursement request form and proof of payment to:

fitness@exerciserewards.com or Gym Reimbursement , P.O. Box 509117, San Diego, CA 92150-9117

Please be advised that a copy of your fitness center agreement may be requested. Failure to submit this form completed with all required information may result in a denial of reimbursement. If you attend multiple fitness centers, please submit this form for each location. *NOTE: If you are enrolled in the Active&Fit Direct™ program, you do not need to submit anything for reimbursement. The program's network of fitness centers automatically does this for you.*

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Health Plan ID _____

Fitness Center Information

Fitness Center Name _____

Fitness Center Address (Number, Street, Suite) _____

City _____ County _____

State _____ ZIP+4 _____ - _____

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 \$ _____

Month-to-Month Start Date _____ End Date _____

Annual Membership 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, member has accepted liability and risk for use of the fitness center.

Fitness center representative signature _____ Date _____
