



Payout Request FORM/LOG

When you complete 50 exercise sessions over a 6-month period at a qualifying fitness facility, you'll get back up to \$200 of your membership dues. If your covered spouse or domestic partner completes 50 exercise sessions over a 6-month period at a qualifying fitness facility, your covered spouse or domestic partner will get back up to \$100 of membership dues.

How to Request Your Payout

Simply follow these steps at the end of each 6-month period, after you and/or your covered spouse or domestic partner complete 50 sessions in a 6-month period.

1. Have your fitness facility complete a Fitness Facility Member Verification Form once each benefit year.
2. Get a copy of your proof of payment. Make sure it shows your name, your fitness facility's name, the payment amount, and the dates that the payment applies.
3. Complete Part A: Member Information (see reverse side).
4. Get proof of your workout visits:
 - » Include computer printouts from your fitness facility that show your workouts, **OR**
 - » Complete Part B: Exercise Log (see reverse side).

All forms are available at **www.ExerciseRewards.com** or by calling **1-877-810-2746**.

Send all documents to:

**ExerciseRewards
P.O. Box 509117
San Diego, CA 92150-9117**

Remember:

- Qualifying facilities must offer regular cardiovascular, flexibility or resistance training exercise programs. They must also offer a membership agreement and have staff oversight. Facilities outside the US do not qualify.
- You may log only one exercise session per day. There must be at least 8 hours between sessions.
- Your payout period begins on the first day that you visit the facility. The next payout period begins one day after the last payout period ends, and it ends on the last day of your plan's benefit plan year, which may be less than 6 months.

For each 6-month payout period, you will get up to one half of the maximum yearly payout amount or your membership dues for that period, whichever is less.

We must receive your Reimbursement Request Form/Log and required documentation no later than 90 days following the end of each reimbursement period. For questions about your benefit, call ExerciseRewards Customer Service at **1-877-810-2746**.

Reimbursement Request Form

Part A: Member Information (required)

Member's Name (Last, First, MI)	Member's Health Plan ID	Member's Date of Birth (mm/dd)
Member's Street Address		
City	State	ZIP

	Date	Type of Exercise	Facility Signature or Stamp	Facility Code*
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Part B: Exercise Log

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

*Facility Code

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

A	Facility Name:
	Facility Type*:
	Address:
	City/State/ZIP:
	Phone:
B	Facility Name:
	Facility Type*:
	Address:
	City/State/ZIP:
	Phone:

Payout Request Form

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

- ☐ I am including a Fitness Facility Member Verification Form, completed by my facility (required),
- ☐ I am including my proof of payment (required),
- ☐ I am including computer printouts from my fitness facility that show my workouts, **OR**
- ☐ My log to the left is completed.

I certify that the information above is correct. I also understand that it is a crime to knowingly submit false information or requests to get compensation and that such actions may result in termination from the ExerciseRewards program.

Member's Signature

Date

Mail this completed form and documentation to:

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