

Gym reimbursement

(form on page 2)

How to claim your reimbursement

To get your reimbursement, follow these simple steps:

1. **Complete a *Fitness Center Member Verification (FCMV)* form.** A new FCMV form will need to be completed each year or when you attend a new fitness center. To download the form: Log in at empireblue.com, go to the *Health & Wellness Center* under the *Care* section and select **reimbursement forms** in the *Gym Reimbursement* section.
2. **Obtain a copy of your proof of payment**, such as a receipt or statement from your fitness center, credit card or bank. If your proof of payment is a receipt, it should include dates, your name, the amount paid, the fitness center's name and address, and an authorized signature.
3. **Track your gym visits.** Get a computer printout from your fitness center listing your visits. If your fitness center doesn't provide a printout of your visits, 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 qualified 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.
4. **Complete the *Gym Reimbursement* form** on page 2.

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 92150-509117
2. Email: fitness@exerciserewards.com
Use subject line: Gym Reimbursement Request
Include electronic and scanned copies as attachments.

For additional information on qualified fitness centers, eligibility and submission requirements, and exclusions and limitations, refer to your program brochure. Please note that members must be 18 or older to take part in the program.



Your health plan is committed to helping you achieve your best health. If you think you might not be able to meet a standard for the available reimbursement under this wellness program, you may qualify for an opportunity to receive the same amount by different means. Contact us at 1-877-809-2746, Monday through Friday, 5 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

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

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

Gym Reimbursement form

Member information

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

I've earned my reimbursement

Use the checklist below to ensure all requirements have been met:

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

Reimbursement month and year

Check all boxes that apply and fill in the year for which you're 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__ |

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" or "B," for each fitness center. If you used more than two fitness centers, add a sheet with the fitness center information and codes, such as "C" and "D."

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 doesn't provide a computer printout of your exercise activity, 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			
26			
27			
28			
29			
30			
31			
32			
33			
34			

	Date	Fitness center code	Fitness center signature or stamp
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
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 _____