

Regular exercise has its rewards

Reimbursement available for gym membership

Routine physical activity is an investment that pays you back, helping improve your overall health and reducing your risk of disease.¹ It can also earn you cash back, through our gym reimbursement program.^{2,3}

How to receive reimbursement for your gym or fitness center membership:

1. **Complete a *Fitness Center Member Verification (FCMV)* form.** You will need to fill out a new form every year, and one for every qualified fitness center that you include in your workout log.

To download the form, log in at empireblue.com, go to the *MyHealth Dashboard* menu, and select **Programs**. *Gym Reimbursement* will be listed in the options.

2. **Receive proof of payment for your gym or fitness center membership dues.** This can include a receipt or statement from the facility, your credit card, or bank. Please make sure receipts include the date, your name, the amount paid, and the name, address, and an authorized signature for your fitness center.

3. **Track your workouts.** To earn the reimbursement, work out at a qualified gym or fitness center at least 12 times during each six-month period of your benefit plan year.⁴ There are two ways you can document each visit:

- Ask your facility for a printout that lists the date of each visit.
- Use the log on page 2 to record the date and fitness center code. Then ask a staff member to sign or stamp your log every time you visit.

4. **Complete the *Gym Reimbursement* form,** on page 2.

5. **Submit your documentation** using one of these methods:

- Mail printed/hard copies to:
Gym Reimbursement
P.O. Box 509117
San Diego, CA 92150-509117
- Email: fitness@exerciserewards.com
Use subject line: Gym reimbursement request
Include electronic and scanned documents as attachments.

¹ Check with your doctor before beginning any new exercise program.

² Members must be age 18 or older to participate in the gym reimbursement program.

³ Up to your yearly maximum reimbursement amount, the reimbursement you receive may be considered income to you and subject to state and federal taxes in the tax year it's paid. Contact a tax expert with any questions regarding your tax obligations.

⁴ If you think you might not be able to meet a standard for reimbursement, there might be a different way to receive the same amount. Call 877-809-2746, Monday through Friday, 5 a.m. to 6 p.m. PT to find out how you can work with your doctor to find an alternative.



We are committed to helping you achieve your best health. For questions and detailed information about the gym reimbursement program, visit empireblue.com or call the Member Services number on the back of your ID card.

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.

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The Gym Reimbursement program is provided by American Specialty Health Fitness, Inc. (ASH Fitness) a subsidiary of American Specialty Health Incorporated (ASH). Members are not required to participate at an ASH Fitness-contracted fitness center to be eligible for the program. The Gym Reimbursement program is a health improvement and education program and is not insurance. ASH Fitness is a separate company that administers the Gym Reimbursement program on behalf of Empire Blue Cross.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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 _____