Reimbursement Request FORM/LOG

In order to be reimbursed up to $200 of your membership dues and/or individual class fees, you must complete 50 exercise sessions and/or individual classes at a qualifying fitness facility for every six-month period (based on when you/your group's health insurance coverage begins). In addition, if your spouse meets the same criteria, your spouse will be reimbursed up to $100 of membership dues and/or individual class fees.

How to Request Your Reimbursement

Simply follow these steps at the end of each 6-month period, after you and/or your spouse have completed 50 sessions and/or individual classes in a 6-month period to earn your reimbursement:

1. Have your fitness facility complete a Fitness Facility Member Verification Form once each benefit year
2. Obtain a copy of your proof of payment showing your name, your fitness facility's name, the payment amount, and the dates for which payment is being applied.
3. Complete Part A: Member Information (see reverse side)
4. Obtain proof of your workout visits:
   - » Include computer printouts from your fitness facility that show your workouts/classes, OR
   - » Complete Part B: Exercise Log (page 2)

All forms are available at www.excellusbcbs.com/exciserewards or by calling 877.810.2746.

Remember:

- Qualifying facilities must offer regular cardiovascular, flexibility, and/or resistance training exercise programs, must offer a membership agreement, be open to the public and must have staff oversight. Facilities outside of the United States do not qualify.
- Only one exercise session may be logged per day. There must be at least 8 hours between sessions.
- Your reimbursement period begins on the first day that your/your group's health insurance begins. The subsequent reimbursement period begins one day after the previous reimbursement period ends, but still ends on the last day of your plan's/group's benefit plan year.

For each 6-month period, you will get up to one half of the yearly max reimbursement amount or your membership dues and/or individual class fees for that period, whichever is less.

Your Reimbursement Request Form/Log and required documentation must be received no later than 120 days following the end of each reimbursement period. For questions regarding your benefit, contact ExerciseRewards Customer Service at 877.810.2746.

Send all documents to:

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

Excellus
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ExerciseRewards™

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 & 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:**

I am submitting request for reimbursement for:

___ 1st six-month period of the benefit plan year.
___ 2nd six-month period of the benefit plan year.

Which is between the following dates:

_____ (mm/dd/yy) through _____ (mm/dd/yy).

Reimbursement Request Form

I have completed 50 sessions/classes in the 6-month period noted above and have earned my reimbursement (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/classes, OR

_____ My gym visits log is completed and attached.

I certify that the information above is correct. I also understand that it is a crime to knowingly submit false information or requests to obtain 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

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