Gym Reimbursement Form

Empire BlueCross BlueShield
An Anthem Company

Enjoy the benefits of exercise and get reimbursed toward your fitness facility dues!

Remember:

- Approved facilities must offer regular cardiovascular, flexibility, and/or resistance training exercise programs, must have staff oversight, and must offer a membership agreement. See your program brochure for details.
- Only one workout session may be logged per 24-hour period. There must be at least 8 hours between sessions.
- Send in your Gym Reimbursement Form and required documentation no later than 90 days following the end of each benefit plan year.

How to Claim Your Reimbursement

To claim your reimbursement, simply follow these steps:

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

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

   Or email: fitness@exerciserewards.com

For additional information on eligibility and submission requirements, exclusions and limitations, and more, please refer to your program brochure.

If it is unreasonably difficult due to a medical condition for you to achieve the standards (if any) for a reward under these programs, or if it is medically inadvisable for you to attempt to achieve the standards for the reward, we will work with you to develop another way to qualify for the reward.

Gym reimbursement programs are not Covered Services under your group's medical insurance policy, but are separate components of your Group Health Plan which are not guaranteed under your insurance Certificate and could be discontinued at any time.

Maximum annual reimbursement amount applies regardless of the number of members covered under your contract per benefit plan year. Please see your program brochure for details.

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

	Date	Facility code	Facility signature or stamp
1			
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	Date	Facility code	Facility signature or stamp
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	Date	Facility code	Facility signature or stamp
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Check boxes that apply, and fill in the year for all months for which you are requesting reimbursement. Please note: Only the months that are checked will be considered for reimbursement. Only dues for previous months will be reimbursed.

☐ January 20___ ☐ February 20___ ☐ March 20___ ☐ April 20___ ☐ May 20___ ☐ June 20___
☐ July 20___ ☐ August 20___ ☐ September 20___ ☐ October 20___ ☐ November 20___ ☐ December 20___

Facility code

Fill in the information below for each facility you use. Use a different letter (such as "A" and "B") for each fitness facility you visit. If you use more, please add a sheet with the facility information and code ("C," "D," etc.).

A	
	Facility name
	Facility type
	Address
	City/State/ZIP
	Phone

B	
	Facility name
	Facility type
	Address
	City/State/ZIP
	Phone

Get more Gym Reimbursement and Fitness Facility Member Verification forms at empireblue.com.

Gym Reimbursement Form

I have earned my reimbursement (use the below checklist to ensure all requirements have been met).

☐ I am including a Fitness Facility Member Verification Form, completed by my fitness facility.
☐ I am including a receipt that shows I have paid for the fitness facility membership.
☐ I am including computer printouts from my fitness facility which show my workouts.

Member Information:

Member name	
Phone	Date of birth
Health plan ID number	
Signature	Date

Mail your completed form (no later than 90 days after the end of the benefit plan year) to:

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

Or email: fitness@exerciserewards.com

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