

To get reimbursed

Follow these steps after each 6-month period⁴ or when you have met 50 visits:

1. Fill out the Gym Reimbursement Form.
2. Attach the computer printout from your fitness center or the signed fitness log sheet.
3. Attach a receipt that shows you paid for the fitness membership for the timeframe in which you are seeking reimbursement.
4. For the first reimbursement request, include a signed copy of the Fitness Facility Membership Verification (FFMV) Form available at empireblue.com. This form only needs to be submitted once for each fitness facility per benefit plan year.
5. Mail these items to:

ExerciseRewards
P.O. Box 509117
San Diego, CA 92150-9117
or email: fitness@exerciserewards.com

The ExerciseRewards program must get your request and paperwork for dues paid for prior periods no later than 90 days after the end of the benefit plan year. If you submit for reimbursement before the end of the 6-month period as you have met 50 visits but your reimbursement request does not meet your reimbursement max, you can continue to submit for reimbursement until the end of the 6-month period, up to your reimbursement max. You will not be reimbursed for months for which services have not yet been provided. Make sure you have filled out all sections of the Gym Reimbursement Form and fitness log. You can download extra forms from empireblue.com. You will not receive more than your annual max reimbursement amount per contract per benefit plan year. You may not submit any false information to qualify for the program. Doing so will void your reimbursement.

Receiving your reimbursement

Your reimbursement will be processed within 30 days of receiving your completed documents once the payout period ends.

Who can take part in the program?

This program is for members aged 18 or older who have a Gym Reimbursement Program with Empire Blue Cross Blue Shield.

Key things to keep in mind:

- If you become eligible or add a new dependent after the effective date of your group's benefit plan year, you and your dependent can still take part in the program. Your workout session requirements and reimbursement will be prorated based on the number of months you are eligible for the program.
- You need to keep Empire Blue Cross Blue Shield health coverage with your current employer through the date on which you can be reimbursed.
- If you need a medical leave of absence from your exercise program, you may submit a doctor's note to the ExerciseRewards program and the time period covering your leave of absence will then be excluded from your eligibility period. Your workout session requirements and reimbursement will be prorated based on the number of months you were eligible to take part in the program.

To renew in the program

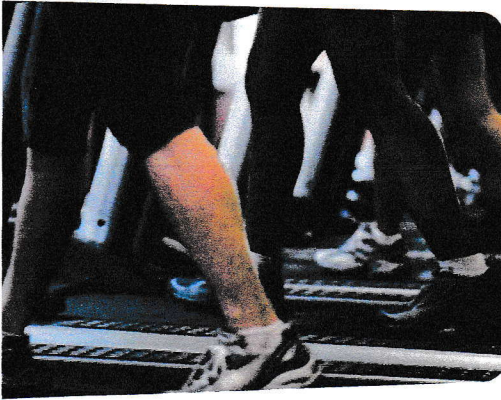
As long as your group continues enrollment in the program, you can take part in it for the next program period, up to your yearly contract max.



Gym Reimbursement Form



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.



Gym Reimbursement Form



An Anthem Company

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	Date	Facility code	Facility signature or stamp	Date	Facility code	Facility signature or stamp
1			18			35		
2			19			36		
3			20			37		
4			21			38		
5			22			39		
6			23			40		
7			24			41		
8			25			42		
9			26			43		
10			27			44		
11			28			45		
12			29			46		
13			30			47		
14			31			48		
15			32			49		
16			33			50		
17			34					

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

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

Fitness Facility Member Verification Form

Fill in your full name below, and then have your fitness facility complete the rest of the form. Submit this form with your ExerciseRewards™ Reimbursement Request Form and proof of payment to:

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

Please be advised that a copy of your fitness facility agreement may be requested.

Last Name _____ First Name _____ M.I. _____
Date of Birth _____ Health Plan ID _____

Fitness Facility Information

Facility Name _____
Facility Address (Number, Street, Suite) _____
City _____ County _____
State _____ ZIP+4 _____ - _____

Type of Arrangement

- Fitness Facility 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 Facility Attestation:

I, _____ (fitness facility 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 facility.

Fitness facility representative signature _____

Date _____

