

Fitness Center Visit Submission Form (FCVSF)

Submit this form to request gym reimbursement after completing the required number of visits within the specified 6-month period (traditional fitness center or online/virtual visits). Please complete one form per fitness center you use.

Recognized online/virtual, at-home workout classes, or live streaming classes will be accepted and counted toward fitness center visits. **Complete page 2 to submit online/virtual classes.**

Fill in your full name below, and then have your fitness center complete the rest of this page. A fitness center representative must sign this form if you are attending a traditional freestanding fitness center. Submit this completed form, proof of payment, and proof of visits and/or online/virtual classes via email* to: **Fitness@ExerciseRewards.com**. You will receive an automated acknowledgment within a few minutes.

***Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

Last Name _____

First Name _____

M.I. _____

Date of Birth _____

Health Plan ID _____

Fitness Center Information

(Fitness center information must be legible and complete for your reward to be processed.)

Fitness Center Name _____

Fitness Center Address (Number, Street, Suite) _____

City _____ State _____ ZIP+4 _____ - _____ Phone _____

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 _____

Proof of Fitness Center Visits. Submit a printout from your fitness center or submit this log for visit dates (mm/dd/yy) for the requested benefit period as soon as you meet the visit requirement. You do not need to wait until the end of the benefit period.

1.	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17.	18.	19.	20.	21.
22.	23.	24.	25.	26.	27.	28.
29.	30.	31.	32.	33.	34.	35.

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.

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: _____

Signed

Printed

Date

Member Signature: _____

Signed

Printed

Date



Online/Virtual Class Information

Proof of attending virtual classes requires: (a) printed visit/attendance log showing date/time, (b) print screens (screen capture) showing attendance, or (c) a combination of (a) and (b).

Online/Virtual Class Membership Term:

Individual Classes (Online/Virtual) Start Date _____ End Date _____

Online/Virtual Class Attestation:

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Member Signature: _____

Signed Printed Date

Submission Requirements:

- Completed FCVSF
- Valid proof of payment (receipt or credit card statement)
- Proof of visits and/or online/virtual classes

If you are not able to submit the submission requirements via email, please mail them to:

Active&Fit ExerciseRewards, 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 the first page of this form for each location. *NOTE: If you are enrolled in a participating Active&Fit Enterprise™ fitness center, you do not need to submit anything for reimbursement. The Active&Fit Enterprise participating fitness centers automatically submit your visits for you.*

Once your request is processed, a check will be mailed to you within 30 days.

Remember:

- **For Traditional Fitness Centers:** Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to the Active&Fit Enterprise website for exclusions and limitations.
- **For Online/Virtual/Live-Streaming Fitness Classes:**
 - Recognized online/virtual, at-home workout classes, or live streaming classes are defined as one that exists for the primary purpose of improving or maintaining physical health and requires a membership fee to be billed monthly, annually, or semi-annually. Includes online/virtual classes purchased individually, on a monthly basis, or as part of a membership (i.e., yoga, tai chi, Pilates).
 - Proof of attending virtual classes requires: (a) printed visit/attendance log showing date/time (b) print screens (screen capture) showing attendance, or (c) a combination of (a) and (b).
 - Only one traditional or virtual exercise session may be logged per calendar day. There must be at least 8 hours between sessions.

This Form must be received **no later than 90 days** following the end of each benefit plan year. For questions, contact Active&Fit ExerciseRewards customer service at **877-809-2746**.

Please be aware Fitness@ExerciseRewards.com is for submitting your Active&Fit ExerciseRewards paperwork only. If you have any questions, please email Fitness Customer Service at FitnessService@ashn.com, or call **877-809-2746**.

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.