

# 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.<sup>1</sup> It can also earn you cash back, through our gym reimbursement program.<sup>2,3</sup>

### 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 [anthem.com](https://www.anthem.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 50 times during each six-month period of your benefit plan year.<sup>4</sup> 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](mailto:fitness@exerciserewards.com)  
Use subject line: Gym reimbursement request  
Include electronic and scanned documents as attachments.

<sup>1</sup> Check with your doctor before beginning any new exercise program.

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

<sup>3</sup> 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.

<sup>4</sup> 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 [anthem.com](https://www.anthem.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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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# 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			
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