

# Visit Submission Form

## Part A: Member Information

Note: If you are enrolled in the Active&Fit Direct™ program and attending an Active&Fit Direct network fitness center to earn rewards, tracking your activity through a wearable fitness device or app connected to [www.univerahealthcare.com/exerciserewards](http://www.univerahealthcare.com/exerciserewards), attending an ExerciseRewards™ fitness center that submits visits on your behalf, or using the ASHConnect™ app, you do not need to submit a Visit Submission Form. Your activity will be tracked and submitted automatically. This form should be used if you do not have online access or if you are attending a qualified fitness center not in the Active&Fit Direct network.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Health Plan \_\_\_\_\_ ID # \_\_\_\_\_

Date of Birth (mm/dd) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email (optional) \_\_\_\_\_

## Part B: Proof of Workouts

Please complete one form per fitness center you use. You need to work out at least 50 times every 6 months based on your benefit year at a qualified fitness center to receive your reward.

Submit a printout from your fitness center or submit this log for visit dates (mm/dd/yy) for the requested benefit period. Each of the requested visit dates must be initialed or stamped by the fitness center to be considered valid.

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.	36.	37.	38.	39.	40.
41.	42.	43.	44.	45.	46.	47.	48.	49.	50.

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

Fitness Center Name \_\_\_\_\_

Fitness Center Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fitness Center Phone Number \_\_\_\_\_

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 ExerciseRewards program.

Fitness Center Staff Signature: \_\_\_\_\_  
 Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

Member Signature: \_\_\_\_\_  
 Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

Email this completed form to [fitness@exerciserewards.com](mailto:fitness@exerciserewards.com)\*, or mail to:

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

\* Please do not email photo files (jpeg, png, etc); please email documents in PDF format.

All forms are available at [www.univerahealthcare.com/exerciserewards](http://www.univerahealthcare.com/exerciserewards) or by calling 1.888.797.7925.

**Once your visits are processed, you will receive a redemption email advising you to log in to [www.ExerciseRewards.com](http://www.ExerciseRewards.com). Go to the Rewards page and click "Available to redeem" and select your incentive period. Your check will be mailed within 14 days after you redeem. If you are unable to redeem your reward on the website, ExerciseRewards will automatically redeem your reward approximately 30 days after your 6 month reward period in which you earned your reward.**

**Remember:**

- 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 [www.ExerciseRewards.com](http://www.ExerciseRewards.com) for exclusions and limitations.
- Only one exercise session may be logged per calendar day. There must be at least 8 hours between sessions.

Your Visit Submission Form must be received **after the end of each 6 month reward period, but no later than 120 days** following the end of each reward period . For questions, contact ExerciseRewards customer service at **1.888.797.7925**.

Your health plan/employer is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1.888.797.7925** Monday through Friday, 5 a.m . to 6 p.m. Pacific Time, and we will explain how you can work with your physician to find an alternative wellness program with the same reward that is right for you in light of your health status.