

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/Log 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. Failure to submit this form completed with all required information may result in a denial of reimbursement.

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 \$ _____

- | | | |
|--|------------------|----------------|
| <input type="checkbox"/> Month-to-Month | Start Date _____ | End Date _____ |
| <input type="checkbox"/> Annual Membership | Start Date _____ | End Date _____ |
| <input type="checkbox"/> 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 _____