



Healthy Returns Reimbursement Request Form

Kaiser Permanente FEHB Prosper members age 18 and older are eligible for up to a \$500 reimbursement for fees or dues paid during the calendar year to a qualifying fitness center. To receive the reimbursement, you must complete and send this form, along with your membership agreement and receipts, to: Active&Fit ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117 or email: <u>Fitness@ExerciseRewards.com</u>.

We will process your reimbursement within 30 days of receiving your completed documents. To receive your full annual reimbursement amount of up to \$500 per calendar year, you can wait to submit a reimbursement request until you have paid at least \$500 to get the full reimbursement for the year.

Please complete all of the below. (**Important note:** If you are requesting reimbursement for fees or dues you paid to multiple fitness centers, you must submit a separate form for each fitness center.)

Member information	First Name		Middle Initial	Last Name
	Date of Birth		HRN (Health Record Number)	
Qualifying fitness center ¹ information	Name			
	Street Address			
	City		State	ZIP Code
Requested reimbursement amount	\$			
	(maximum of \$500 per calendar year)			
Type of arrangement	☐ Gym	Annual or multi-year contract or agreement	Start Date	End Date
		☐ Monthly dues		
		□ Individual membership		
		☐ Family membership. Please list family member names:		
	☐ Single class		Class date(s):	
	□ Package or series of classes			

By signing below, I accept sole responsibility for choosing the qualifying fitness center listed above and accept all liability and risk for use of the fitness center.

Signature

Date _____

Questions? Call Healthy Returns Customer Service at 1.877.750.2746 Monday through Friday, 5 a.m. to 6 p.m. PT.

¹ Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a proof of payment (e.g., membership agreement or receipt); and must have staff oversight. Fitness centers outside of the U.S. do not qualify. Refer to ActiveandFit.com for exclusions and limitations.

All plans offered by Kaiser Foundation Health Plan of the Northwest. 500 NE Multhomah St., Suite 100, Portland, OR 97232.

M965-244A-KPNW Healthy Returns Reimbursement Request Form