## KAISER PERMANENTE®

## 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 2023 to a qualified fitness center. To receive the reimbursement, you must complete this form and send the form along with your proof of payment and membership agreement (if applicable), 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, 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		MRN (Medical Record Number)	
Qualifying fitness center <sup>1</sup> 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			
	□ Virtual classes		1	

## By signing below, I accept sole responsibility for choosing the qualifying fitness center or class package/series 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, 8 a.m. to 9 p.m. ET.

<sup>1</sup> 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.

M965-244C-KPMAS\_Healthy Returns Reimbursement Request Form