



## 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 2024 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: [Fitness@ExerciseRewards.com](mailto:Fitness@ExerciseRewards.com).

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. All reimbursement requests must be received no later than the first 90 days of the following 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* information | Name  |  |                             |                |
|  | Street Address  |  |                             |                |
|  | City  |  | State                       | ZIP Code       |
| Requested reimbursement amount         | \$<br>(maximum of \$500 per calendar year)            |  |                             |                |
| Type of arrangement                    | <input type="checkbox"/> Gym                          | <input type="checkbox"/> Annual or multi-year contract or agreement                            | Start Date                  | End Date       |
|  |   | <input type="checkbox"/> Monthly dues  |                             |                |
|  |   | <input type="checkbox"/> Individual membership   |                             |                |
|  |   | <input type="checkbox"/> Family membership. Please list family member names:<br>_____<br>_____ |                             |                |
|  |   | <input type="checkbox"/> Single class  |                             | Class date(s): |
|  | <input type="checkbox"/> Package or series of classes |  |                             |                |
|  | <input type="checkbox"/> Virtual classes              |  |                             |                |

**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.

\*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.