



## Fitness Center Submission Form (FCSF)

Submit this form to request gym reimbursement within the specified 6-month period (traditional fitness center or online/virtual classes). Please complete one form per fitness center you use.

Fill in your full name below, and then have your fitness center complete the rest of this page. A fitness center representative must sign this form if you are attending a traditional freestanding fitness center. Submit this completed form and proof of payment via email\* to: **Fitness@ExerciseRewards.com**. You will receive an automated acknowledgment within a few minutes.

**\* Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Health Plan ID \_\_\_\_\_

### Fitness Center Information

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

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

Fitness Center Address (Number, Street, Suite) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

**Type of Arrangement:**  Fitness Center Agreement  Signed Application  Other - Please Explain \_\_\_\_\_

**Membership:**  Individual membership  Family membership—If family membership, list names below:  
\_\_\_\_\_

**Membership Term:** Amount Paid for Membership \$ \_\_\_\_\_

Month-to-Month Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Annual Membership Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Other \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Check the boxes that apply and fill in the year for all months for which you are requesting reimbursement. Please note: Only the months that are checked will be considered for reimbursement. Only dues for previous months will be reimbursed.

- January 20\_\_       February 20\_\_       March 20\_\_       April 20\_\_
- May 20\_\_       June 20\_\_       July 20\_\_       August 20\_\_
- September 20\_\_       October 20\_\_       November 20\_\_       December 20\_\_

### Fitness Center Attestation:

I, \_\_\_\_\_ (fitness center 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 center.

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 Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: \_\_\_\_\_

Signed

Printed

Date

Member Signature: \_\_\_\_\_

Signed

Printed

Date





### Submission Requirements:

- Completed FCSF
- Valid proof of payment (receipt or credit card statement)

If you are not able to submit the submission requirements via email, please mail them to:

**Active&Fit ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117**

Please be advised that a copy of your fitness center agreement may be requested. Failure to submit this form completed with all required information may result in a denial of reimbursement. If you attend multiple fitness centers, please submit the first page of this form for each location.

**Once your request is processed, a check will be mailed to you within 30 days.**

### Remember:

- **For Traditional Fitness Centers:** 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 the Active&Fit Enterprise™ website for exclusions and limitations.
- **For Online/Virtual/Live-Streaming Fitness Classes:** Recognized online/virtual, at-home workout classes, or live streaming classes are defined as one that exists for the primary purpose of improving or maintaining physical health and requires a membership fee to be billed monthly, annually, or semi-annually. Includes online/virtual classes purchased individually, on a monthly basis, or as part of a membership (i.e., yoga, tai chi, Pilates).

This Form must be received **no later than 90 days** following the end of each benefit plan year. For questions, contact Active&Fit ExerciseRewards customer service at **877-809-2746**.

Please be aware [Fitness@ExerciseRewards.com](mailto:Fitness@ExerciseRewards.com) is for submitting your Active&Fit ExerciseRewards paperwork only. If you have any questions, please email Fitness Customer Service at [FitnessService@ashn.com](mailto:FitnessService@ashn.com), or call **877-809-2746**.

Gym reimbursement programs are not Covered Services under your group's medical insurance policy, but are separate components of your Group Health Plan which are not guaranteed under your insurance Certificate and could be discontinued at any time.

Maximum annual reimbursement amount applies regardless of the number of members covered under your contract per benefit plan year. Please see your program brochure for details.

Up to your yearly maximum reimbursed amount, the amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

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