



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 keep a copy of your fitness facility agreement. We may ask you for a copy later. Failure to submit this form completed with all required information may result in a denial.

Facility Name Facility Address (Number, Street, Suite) City County 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	Last Name	First Name	M.I
 Signed Application Other - Please Explain	Date of Birth	Health Plan ID	
City County State ZIP+4 Type of Arrangement Signed Application Other - Please Explain Membership Individual membership Family membership - If family membership, list names below Membership Term	-		
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	Facility Address (Number, Street, Sui	te)	
Type of Arrangement Fitness Facility Agreement Signed Application Other - Please Explain	City	Cou	nty
 Fitness Facility Agreement Signed Application Other - Please Explain Membership Individual membership Family membership - If family membership, list names below 	State	ZIP+	-4
 Signed Application Other - Please Explain	Type of Arrangement		
Other - Please Explain	Fitness Facility Agreement		
Membership	Signed Application		
Individual membership Family membership - If family membership, list names below	Other - Please Explain		
	Membership		
Membership Term	Individual membership	Family membership - If f	family membership, list names below
Membership Term			
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•	Mambarchin Tarm		
Amount Paid for Membership §	-	\$	
Month-to-Month Start Date End Date			End Date
Annual Membership Start Date End Date	Annual Membership		
Other Start Date End Date	Other	Start Date	End Date
Fitness Facility Attestation:	-		
I, (fitness facility representative name), confir			
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.		5	nember listed above, member has
Fitness facility representative signature	Fitness facility representative signate	ure	
Date			

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