



# Fitness Reward Request Form

## HOW TO CLAIM YOUR FITNESS REWARD

Complete all sections of this request form. Incomplete forms will not be accepted. All fitness cards must be originals. No copies will be accepted.

**Gov Guam/Commercial:** Submit all completed Fitness Stamp Cards within 30 days after the end of your benefit period.

**Federal:** Submit your completed Fitness Stamp Card within 5 business days of the following month.

### I AM SUBMITTING FOR THE FOLLOWING MONTH(S) (PLEASE CHECK ALL THAT APPLY):

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

### TAKECARE FITNESS PARTNERS (PLEASE SELECT ONLY ONE):

- TakeCare Wellness Center       Gold's Gym Saipan       International Sports Center       TLZ Studio
- CrossFit Hita       Guam Aikikai Aikido       Mantrasana Fitness Studio       Tribe Guam
- CrossFit Latte Stone       Guam Muay Thai       Paradise Fitness       Unified
- Custom Fitness       Guam Taekwondo Center       SKIP Dance Studio       UOG: Triton Fitness Center
- Fitness Factory       Hilton Wellness Center       The Pound Academy       Urban Fitness Guam

### MEMBER INFORMATION

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Date of Birth: (you must be 18 years or older) \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Employer Group: \_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fitness Partner: \_\_\_\_\_

Have you participated in any TakeCare Fitness Program classes?  Yes  No If yes, how many? \_\_\_\_\_

Have you completed a Health Risk Assessment?  Yes  No If yes, when? \_\_\_\_\_

Check will be mailed out       Check will be picked up by subscriber       Check will be picked up by authorized rep (ID and authorization required)

### ACKNOWLEDGMENT OF UNDERSTANDING:

Incentives are calculated thirty (30) business days after the end of the benefit period for members that are manually submitting completed TakeCare Stamp cards and payments will be made within 30 business days. To receive the fitness rewards, you must be registered in MyTakeCare and have completed a Health Risk Assessment for the benefit year.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AUTHORIZE TAKECARE FITNESS PARTNERS OR ANY FITNESS FACILITY LISTED ABOVE TO RELEASE ANY RECORDS OR KNOWLEDGE PERTAINING TO MY GYM UTILIZATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_