



Wellness Rebate Health Club Form

With the Vitality™ wellness rebate, Vitality will reimburse you up to \$200 in fees, once per policy year, toward a qualified health club membership. To qualify for a health club rebate, you must meet the following criteria:

1. Be a member of Vitality for at least four months
2. Be a member of your health club for at least four months
3. Complete your Vitality Health Review™ for the current policy year

This rebate does not apply to partner health clubs that are eligible for subsidies.

Instructions: Please complete the form below and submit it to Vitality along with a copy of your signed health club membership contract and most recent proof of payment.

We encourage you to submit this activity online. Simply log into the Vitality website, navigate to the online submission page, and attach your supporting documentation. Alternatively, you may email your submission to wellness@powerofvitality.com or fax it to **877.224.7110**.

Please note, submission via email is not secure until received by Vitality. For your protection, Vitality strongly recommends the use of our online submission option.

Section A: Member's Information	
First Name of Rebate Applicant:	Last Name of Rebate Applicant:
Vitality ID:	Date of Birth:

Section B: Health Club Information	
Health Club Name:	Health Club Address:
Health Club Phone or Email:	Initial Health Club Enrollment Date:
Payment Schedule: <input type="checkbox"/> Yearly <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	Amount of Each Payment \$ _____ Does the payment amount above include a membership for a spouse or domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
If approved, to which address would you like your rebate check to be mailed?	

Section C: Member's Declaration and Consent	
By signing this form, I attest that I have made payment towards this health club membership as listed above and that the information submitted with this request is accurate and complete. I consent and agree that Vitality or any of its representatives has the right to verify and review information to substantiate information and representations herein for the purpose of processing a wellness rebate.	
Member's Signature:	Date of Signature:

Questions? Please feel free to contact a Vitality Customer Care representative at **877.224.7117** or wellness@powerofvitality.com.
Please note: Vitality complies with HIPAA privacy and security requirements.