

With the Vitality[™] wellness rebate, Vitality will reimburse you up to \$200 in fees, once in a lifetime, toward the completion of a weight reduction program. To qualify for a weight reduction rebate, you must meet the following criteria:

1. Have a starting BMI of 30 or more (documented by a Vitality Check™ or verified height and weight measure from the last 12 months) 2. Complete your Vitality Health Review™ for the current policy year

Additionally, your program must include a series of in-person meetings attended by you, the member. Online programs or seminars are not eligible. The cost of medications, surgical procedures, fitness devices, food, program materials and nutritional supplements are not eligible.

Instructions: Please complete the sections below and submit this form to Vitality along with a copy of your program agreement, receipt of payment to Vitality.

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: | | |
| vitaitý iD. | | | |

| Section B: Weight Loss Program Information | | | | |
|--|-------------------------|--------------------------|----------------------------|--|
| Program Name: | | Program Address: | | |
| Starting BMI (> or = 30 required): | Program Phone or Email: | Program Completion Date: | Amount Paid (Total): \$ | |
| 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 weight loss program 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.