



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. The health club rebate applies solely to:

- 1. A member of Vitality for at least four months**
- 2. A member of your health club for at least four months**
- 3. Completed your Vitality Health Review (VHR) for the current policy year**

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

Section A: Member Information	
First Name:	Last Name:
Vitality ID:	Date of Birth:

Section B: Health Club Information		
Health Club Name:		Health Club Address:
Health Club Phone Number:	Member Since:	Contract End Date (if applicable):
Contract Terms (yearly or monthly):	Expiration Date (if applicable):	Amount Paid: \$
Do you have a spouse or domestic partner who is also listed on the contract for this health club membership? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		

Section C: Declaration and Consent	
I hereby declare that all the information provided is correct.	
Consent to Verify: I understand and agree that Vitality or its representatives have the right to confirm, at any time, my completion of, and payment toward, this health club rebate.	
Member's Signature:	Date:

To apply for this rebate, send this completed form along with a copy of your signed health club membership contract and proof of your last payment to:

**Email: wellness@powerofvitality.com, fax: 877.224.7110, or mail to:
The Vitality Group, 200 West Monroe, Suite 2100, Chicago, IL 60606**