

# Fitness Incentive Request Form

## HOW TO CLAIM YOUR FITNESS INCENTIVE:

1. Visit [personifyhealth.com](https://personifyhealth.com) & Complete the Personify Health - Health Check (health risk assessment)
2. Complete all sections of this request form
3. Complete fitness stamps cards
4. Submit to TakeCare Customer Service Office
  - a. In Person: Century Plaza, 2<sup>nd</sup> Floor, Tamuning
  - b. Email: [customerservice@takecareasia.com](mailto:customerservice@takecareasia.com)
  - c. **For Commercial Members:** Submit within 30 days after the end of your benefit period
  - d. **For Federal Members:** Submit within 5 business days of the following month

I AM SUBMITTING FOR THE FOLLOWING MONTH(S) (PLEASE CHECK ALL THAT APPLY)					
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER
MEMBER INFORMATION					
Name:					
Member ID Number:			Date of Birth:		
Home Phone:		Work Phone:		Mobile Phone:	
Email:					
ACKNOWLEDGMENT OF UNDERSTANDING					
<p>Incentives are calculated thirty (30) business days after the end of the benefit period for members that are submitting manually completed TakeCare Fitness Stamp cards. Payments will be made within sixty (60) business days. If the same member is covered under multiple TakeCare plans, this benefit is only extended under the member's primary insurance. Incentives are payable to members 18 years old and older.</p> <p><b>To receive the fitness rewards, you must complete the Health Check (health risk assessment) within the benefit year.</b> Failure to complete the Health Check within the same benefit year of the submitted stamp cards will result in nonpayment of fitness incentives.</p> <p>I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AUTHORIZE TAKECARE FITNESS PARTNERS TO RELEASE ANY RECORDS OR KNOWLEDGE PERTAINING TO MY GYM UTILIZATION.</p>					
SIGNATURE: _____			DATE: _____		