

SpecialOffers@AnthemSM

Fitness Reimbursement Program - Log Card



Name: _____

Address: _____

Phone: _____

Member's ID #: _____

All workouts must be in the same plan year.

To meet exercise requirements, this log card must show you have exercised 48 times within the plan year.

Return along with Fitness Reimbursement Form and receipts to:

Anthem Blue Cross and Blue Shield – Claims Department
PO Box 533 · North Haven, CT 06473-0533

	Date	Initial		Date	Initial		Date	Initial
1	/ /		20	/ /		39	/ /	
2	/ /		21	/ /		40	/ /	
3	/ /		22	/ /		41	/ /	
4	/ /		23	/ /		42	/ /	
5	/ /		24	/ /		43	/ /	
6	/ /		25	/ /		44	/ /	
7	/ /		26	/ /		45	/ /	
8	/ /		27	/ /		46	/ /	
9	/ /		28	/ /		47	/ /	
10	/ /		29	/ /		48	/ /	
11	/ /		30	/ /				
12	/ /		31	/ /				
13	/ /		32	/ /				
14	/ /		33	/ /				
15	/ /		34	/ /				
16	/ /		35	/ /				
17	/ /		36	/ /				
18	/ /		37	/ /				
19	/ /		38	/ /				

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