



Request For Reimbursement Coupon

Member ID#: _____ Member Name: _____

Gym Name: _____

Gym Address: _____

Month / Year: _____ Total Charge \$ _____

Please provide all information above and attach your receipt(s) and proof of membership.

Member ID#: _____ Member Name: _____

Gym Name: _____

Gym Address: _____

Month / Year: _____ Total Charge \$ _____

Please provide all information above and attach your receipt(s) and proof of membership.

Member ID#: _____ Member Name: _____

Gym Name: _____

Gym Address: _____

Month / Year: _____ Total Charge \$ _____

Please provide all information above and attach your receipt(s) and proof of membership.

You may be reimbursed for up to \$50 per month. Send reimbursement requests to Claims Department, P O Box 340397, Tampa, FL 33694-0397. Reimbursements with complete documentation can take up to 30 days. Reimbursements with incomplete information can take longer.

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