

# SpecialOffers@Anthem<sup>SM</sup>

## 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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