

## Neighborhood REWARDS Form – Healthy Behaviors Gym Membership or Enrollment in a Fitness-Related Activity

Today's Date: \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT GETTING YOUR REWARDS:

- You must be a Neighborhood Health Plan of Rhode Island ACCESS or TRUST member for 3 months in a row when we receive this form.
- If you cannot download the form call Neighborhood Member Services at 1-800-459-6019 and we will mail it to you.
- You must be enrolled for at least three months in a gym or a facility that provides healthy physical activity such as a yoga or kickboxing studio.
- You can request this reward once every 12 months.
- You should get your reward 6 – 8 weeks from when we receive your form.
- Please fill out a separate form for each member.
- **We will not process your request unless you complete this form and send it to us.**

### MEMBER INFORMATION (Member receiving service/reward)

Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature (Parent/Guardian Signature):  
\_\_\_\_\_

Please fill out the information below to make sure we can process your reward. ACCESS and TRUST members are eligible for a reward of up to \$50 every 12 months based on a 3-month enrollment in a gym or a facility that provides healthy physical activity such as a yoga or kickboxing studio.

- ☐ I have attached original receipt(s) for a 3-month enrollment in a gym or a facility that provides healthy physical activity such as a yoga or kickboxing studio.
- ☐ Member reward will be a gift card to: Walmart

Please attach original receipt(s) for a 3 month enrollment in a gym or a facility that provides healthy physical activity such as a yoga or kickboxing studio.

### Please mail this form to:

Neighborhood Health Plan of Rhode Island,  
Attn: Member Services  
910 Douglas Pike  
Smithfield, RI 02917  
Or fax to: 1-401-709-7090

Questions? Call us at 1-800-459-6019 (TTY 711)