

FitWorks® Rewards is a wellness program that offers eligible subscribers and their covered spouses the opportunity to earn up to two Visa® reward cards each month for completing different health and wellness challenges.

Independent Health will award the following on a monthly basis:

- 50 – **\$250 reward cards** for completing claims-verified challenges
- 50 – **\$100 reward cards** for completing self-reported challenges

Additionally, participants will receive monthly health tips, recipes, or other wellness information as motivation throughout the program.

Follow these steps to qualify for FitWorks Rewards:

- Confirm your eligibility.** Verify that you are a subscriber to a commercially insured individual or small group plan by calling Independent Health’s Member Services Department at (716) 631-8701 or 1-800-501-3439. Eligibility begins upon your plan’s effective date.
- Complete FitWorks Rewards challenges.** Every challenge is worth points, and every 50 points earned in each category equals one entry in the monthly drawings.
 - **Claims-verified challenges** are tracked by Independent Health. Points will be awarded once the claim from your health care provider is received and verified by Independent Health.
 - Routine physical exam **[50 points]**
 - Routine blood work (e.g., *lipid panel*) **[50 points]**
 - Preventive screenings (e.g., *colonoscopy, prostate cancer screening, mammogram*) **[50 points]**
 - **Self-reported challenges** should be documented each month by using the activity tracker on the reverse side of this form.
 - Exercise at least 150 minutes each week **[50 points]**
 - Eat five servings of fruits and/or vegetables for five days each week **[25 points]**
 - Drink at least 64 ounces of water for five days each week **[25 points]**
 - Get seven hours of sleep for five days each week **[25 points]**


NOTE: Weeks are defined as Monday through Sunday. You will be awarded points on the date that the challenge is completed.
- Submit paperwork.** You and your covered spouse, if applicable, will each need to mail a copy of the completed FitWorks Rewards Participation Form each month to *FitWorks® Rewards Monthly Drawing, Attn: Wellness Department, 511 Farber Lakes Drive, Buffalo NY, 14221.*
 - Forms must be received by Independent Health no later than the 15th of the following month to be eligible for the chance to earn a reward (e.g., forms for the January 2016 drawing must be received no later than February 15, 2016).
 - Each form should only be used to record self-reported challenges within a particular month.
 - Additional forms can be obtained online at independenthealth.com/fitworksrewards or by calling Member Services at (716) 631-8701 or 1-800-501-3439.
 - If your submitted form is incomplete or illegible, it will be deemed ineligible and you will not be entered into the monthly drawing.

Independent Health is not responsible for failure to earn points as a result of a FitWorks Rewards Participation Form that is (1) submitted but not received at the above address by the stated deadline for any reason, including but not limited to lost or stolen mail; or (2) illegible or contains incomplete, false, or incorrect information.

SEE NEXT PAGE FOR FITWORKS REWARDS TRACKER.

FitWorks Rewards Self-Reported Challenges Tracker

Member name: _____
 Member address: _____ City: _____ State: ____ Zip: _____
 Independent Health member ID number: _____ Date of birth: _____

 Month _____		SELF REPORTED CHALLENGES			
		150 Minutes of Physical Activity per week (minutes)	5 Cups of Fruits and Vegetables per day (min. 5 days each week) (Y/N)	7 Hours of Sleep per day (min. 5 days each week) (Y/N)	64 Ounces of Water per day (min. 5 days each week) (Y/N)
DATE	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				

NOTE: Weeks are defined as Monday through Sunday. You will be awarded points on the date that the challenge is completed.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Member signature: _____ Date: _____

If you have any questions regarding FitWorks Rewards, please call Independent Health’s Member Services Department at (716) 631-8701 or 1-800-501-3439.