

Wellness Reimbursement TRACKING FORM

*Member Name: _____

*Date of Birth: _____

*Address: _____

* GHC-SCW Member Number: _____

Facility Name: _____

Phone Number: _____

*Required information. Reimbursements will not be processed without this information

Exercise for Excellence is part of the GHC-SCW Wellness Reimbursement Program. Members must work out 120 times within a calendar year at a fitness center or health club to receive their reimbursement.

USE THIS FORM TO TRACK YOUR WORKOUTS BY INITIALING ON THE APPROPRIATE DATE EACH TIME YOU WORK OUT (ONE WORKOUT PER DAY).

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Mail completed form to:

GHC-SCW Marketing, Attn: Wellness Reimbursement, P.O. BOX 44971, Madison, WI 53744-4971