New Hampshire Fitness Reimbursement Program - Log Card



Name:	
Address:	
Phone:	
Member's ID #:	

All workouts must be in the same calendar year.

To meet exercise requirements, this log card must show you have exercised 48 times within the calendar 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
1	1 1		20	1 1	
2	1 1		21	1 1	
3	1 1		22	1 1	
4	1 1		23	1 1	
5	1 1		24	1 1	
6	1 1		25	1 1	
7	1 1		26	1 1	
8	1-1		27	1 1	
9	1 1		28	1 1	
10	1 1		29	1 1	
11	1 1		30	1 1	
12	1 1		31	1 1	
13	1 1		32	1 1	
14	1 1		33	1 1	
15	1 1		34	1 1	
16	1 1		35	1 1	
17	1 1		36	1 1	
18	1 1		37	1 1	
19	1 1		38	1 1	

	Date		Initial
39	1	1	
40	1	1	
41	1	1	
42	1	1	
43	1	1	
44	1	1	
45	1	1	
46	1	1	
47	1	1	
48	1	1	

New Hampshire Fitness Reimbursement Program - Log Card



ame:	
ddress:	
none:	
emher's ID #·	

All workouts must be in the same calendar year.

To meet exercise requirements, this log card must show you have exercised 48 times within the calendar 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
1	1 1		20	1 1	
2	1 1		21	1 1	
3	1 1		22	1 1	
4	1 1		23	1 1	
5	1 1		24	1 1	
6	1 1		25	1 1	
7	1 1		26	1 1	
8	1 1		27	1 1	
9	1 1		28	1 1	
10	1 1		29	1 1	
11	1 1		30	1 1	
12	1 1		31	1 1	
13	1 1		32	1 1	
14	1 1		33	1 1	
15	1 1		34	1 1	
16	1 1		35	1 1	
17	1 1		36	1 1	
18	1 1		37	1 1	

	Date		Initial
39	1	1	
40	1	1	
41	1	1	
42	1	1	
43	1	1	
44	1	1	
45	1	1	
46	1	1	
47	1	1	
48	1	1	