

Information should be sent to:

provide reimbursement.

EXERCISE FACILITY REIMBURSEMENT FORM

Your contract with Oscar Insurance Corporation ("Oscar") indicates that you and your Covered Spouse are eligible to be reimbursed for exercise facility costs (your gym). If you meet the requirements, Oscar will reimburse you the lesser of \$300 (\$200 for you and \$100 for your Covered Spouse) or the actual cost of the membership for each 6-month period that you pay gym/exercise facility fees. For example, if you pay \$40 per month for your gym and meet the requirements below, you may be eligible for reimbursement in the amount of \$200 for a 6-month period. If your Covered Spouse belongs to the same gym and pays the same fees, he/she will be eligible for reimbursement in the amount of \$100. If you both complete this form and meet the requirements every 6 months, that's \$400 for you and \$200 for your Covered Spouse for the year! \$600 total!

To be eligible for reimbursement, You (and Your Covered Spouse) must: (1) be an active member of the exercise facility; and (2) complete 50 visits in a 6-month period. You must provide documentation from your facility showing that you and/or your Covered Spouse have completed the required number of visits as well as a copy of your current facility bill that shows the fee paid for the membership. Remember that this is a 1 year contract with Oscar and your gym visits do not carry over from year to year.

Oscar Insurance Corporation P.O. Box 46706 Cincinnati, OH 45246-0706 Attn: Exercise Reimbursement 1. **Member Information** Member Name: Member ID #: 2. Are you seeking reimbursement for you or your Covered Spouse? Me (the Subscriber) My Covered Spouse – if for your Covered Spouse, please provide his/her name Covered Spouse's Name: What is the 6-month period for which you want reimbursement? (please make sure the receipts 3. and information from the gym all match and that the time period is within Jan to Dec of 1 calendar year) Please enter date range: ______ - ____ Month/Day/Year Month/Day/Year

I acknowledge that the information contained within this form is accurate to the best of my knowledge. To the extent that the form is not complete or incorrect/incomplete information is submitted, Oscar will not

Signature of Member: ______ Date: _____