

**Neighborhood REWARDS Form – Healthy Behaviors  
Gym Membership**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important information about getting your REWARDS:**

- You must be a Neighborhood Health Plan of Rhode Island **Commercial Plan** member when we receive this form.
- If you cannot download the form call Neighborhood Member Services at 1-855-321-9244 and we will mail it to you.
- You must have a gym membership for 3 months in a row to be eligible for this reward.
- 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.**

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**Member Information (Member receiving reward)**

Name \_\_\_\_\_ Member ID # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
Signature (Parent/Guardian Signature) \_\_\_\_\_

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**Please fill out the information below to make sure we can process your reward. Exchange members are eligible for a reward of up to \$50 every 12 months based on the cost of your 3-month gym membership.**

- I have attached original receipt(s) for a 3-month gym membership

Member reward will be a gift card to one of the following. Choose one:

- Walgreens  
 Walmart  
 Stop & Shop

Please attach original receipt(s) for 3-month gym membership

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**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