AmeriHealth NEW JERSEY

2020 Embrace Well-being Fitness Log

Please submit this Fitness Log along with the Activity Verification Form to:
embracewellbeing@amerihealth.com

Member Information	Full name:	Member ID:

Facility Name	Location (City, State)	Date	Exercise duration	Receptionist signature

Facility Name	Location (City, State)	Date	Exercise duration	Receptionist signature

2020 Embrace Well-being Fitness Log

Facility Name	Location (City, State)	Date	Exercise duration	Receptionist signature

Facility Name	Location (City, State)	Date	Exercise duration	Receptionist signature

Program Details

- Embrace Well-being Rewards is available to **active** subscribers and spouses in public sector, small and large commercial groups.
- Wellness submissions will not be accepted from inactive or termed members.
- You must complete your Well-being Profile on **amerihealthexpress.com** to be eligible to earn Embrace Well-being Reward dollars.
- Embrace Well-being Rewards does not permit self-reportable activity. Complete and submit this Verification form along with supporting documents to **embracewell-being@amerihealth.com**. All supporting documentation must include member-identifiable information, such as name, email, user ID, etc. Please include your **First Name**, **Last Name** and **Verification Form** in the subject line of your submission email.
- If you are submitting activity from an activity tracker, documentation must include member-specific, identifiable member information such as name, email, user ID, etc.
- All Embrace Well-being Reward submissions will be reviewed, and if approved, your Embrace Well-being Reward dollars will be available on **amerihealthexpress.com**. There, you can redeem them for an e-gift card. Please allow 4-6 weeks for Reward dollars to appear on **amerihealthexpress.com**.
- For more information about acceptable forms of supporting documentation, please log in to **amerihealthexpress.com** and review the Embrace Well-being Rewards FAQ.
- The deadline for Embrace Well-being Reward submissions (verification form with supporting documents) is **November 30** of the current year; no exceptions will be made after this date.

© 2020 AmeriHealth | 2020 March
AmeriHealth Insurance Company of New Jersey | AmeriHealth HMO, Inc.

AmeriHealth NEW JERSEY