



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 **ACCESS** or **TRUST** member for 3 months in a row when we receive this form.
- If you cannot download the form call Neighborhood Member Services at 1-800-459-6019 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.**

**Member Information (Member receiving reward)**

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

**Please fill out the information below to make sure we can process your reward. Access and TRUST 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) as proof of 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

**Questions? Call us at 1-800-459-6019 (TDD/TTY 711)**