



2020 Workout Tracker



2020 Workout Tracker

**Use the coupons enclosed to track your workouts.
Earn workout rewards valued at up to \$60 per year
that you can redeem for gift cards in the Go365 Mall!**

HERE'S THE EASY WAY TO TRACK YOUR WORKOUTS

Here's how it works.

On each of the attached monthly coupons, verify you've completed 8 qualifying workouts that month. Qualifying workouts include SilverSneakers® or walking a minimum of 500 steps a day.

**You'll earn a \$5 reward each month you complete 8 workouts.
That's up to \$60 in rewards a year!**

Then fill in your member information, sign, and date. Enclose each monthly Workout Tracker in a stamped envelope and mail to:

**Go365 by Humana
P.O. Box 14613
Lexington, KY 40512-4613**

Please note: Go365 reserves the right to confirm the accuracy of information received. Submission of incorrect or inaccurate information may result in the member not earning rewards. Please consult your doctor before beginning any new workout plan to ensure the amount of physical activity is appropriate based on your individual health status/condition.

Go365[®] by Humana Workout Tracker

JANUARY 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

CONSENT TO RELEASE AND USE INFORMATION: By signing this form, I acknowledge that I participated in the activities as listed on the workout tracker and that information submitted with this request is accurate and complete. I understand and agree that Go365[®] and its representatives have the right to review and verify the information on this form.

Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

FEBRUARY 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

MARCH 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

APRIL 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

MAY 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

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Go365[®] by Humana Workout Tracker

JUNE 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

JULY 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

AUGUST 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

SEPTEMBER 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

OCTOBER 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

Earn a \$5 reward when you complete 8 workouts!

Go365[®] by Humana Workout Tracker

NOVEMBER 2020

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____

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Go365[®] by Humana Workout Tracker

DECEMBER 2020

MUST RECEIVE BY 12/20 IN ORDER TO PROCESS BY END OF YEAR.

First Name: _____

Member ID#: _____

Last Name: _____

Check this box to confirm you've completed 8 eligible workouts this month.

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Dates Completed: ____ / ____ / ____

Phone Number: _____

____ / ____ / ____ / ____ / ____

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Member Signature: _____

Date: (MM/DD/YYYY) ____ / ____ / ____



Humana is a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract. Enrollment in a Humana plan depends on contract renewal.

In accordance with the federal requirements of the Centers for Medicare and Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash.

Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same plan year.

It is important that we treat you fairly. Discrimination is against the law. Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Humana complies with all Federal and State Civil Rights laws. Language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711). Español: Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文: 撥打上面的電話號碼即可獲得免費語言援助服務。