



Fitness Benefit Election Form

Date: _____

Applicant/Member Name: _____
(Please Print First and Last Name)

Applicant/Member Birth Date: _____
(Month/Day/Year)

PHP (HMO SNP) members may select a gym membership from **one** of the individual gyms/gym chains below. Please make your selection below. **Members may only choose one option.**

24 Hour Fitness membership
Go to www.24hourfitness.com to find a gym closest to you.

AHF Fitness Center membership
One location at 4905 Hollywood Blvd., Los Angeles, CA 90027.

LA Fitness / Esporta Fitness membership
Go to www.lafitness.com or www.esportafitness.com to find a gym closest to you. (LA Fitness Signature Clubs excluded)

Decline the Fitness Benefit
Declining the benefit will not affect your eligibility for or membership in PHP. If you decline the benefit, you may change your decision anytime. Call Member Services if you want to activate the benefit at (800) 263-0067 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week.

Please read below and initial by each statement to indicate you have read and understand the terms of the program.

_____ I understand that I may only change my gym selection once a benefit year from January 1 through January 15.

_____ I understand that it may take 15 to 45 days for the processing of my Fitness Benefit option selection.

_____ I understand that PHP will contact me by mail with instructions or forms to activate the gym membership I choose.

_____ I understand that the gym membership I select is only valid for and can only be used by me.

_____ I understand that if I disenroll from the plan, my gym membership will terminate on the same day as my disenrollment effective date.

Applicant/Member Signature: _____

Address: _____
(Street Address, City, State, Zip)

Home Phone: _____ Alternate Phone: _____

PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.