PEBB StayFit Rewards Program
Enrollment and Gym/Facility Membership

PUBLIC EMPLOYEES' PEBB BENEFIT BOARD

Section 1: Member Information

First and Last Name

PEBB Number, OR Number, University or Lottery ID*

Address, City, State, Zip

Preferred Email Address**

Current Medical Plan

- ○ AllCare
- ○ Kaiser Permanente
- ○ Moda
- ○ Providence

Preferred Phone Number

Notes about Member Information
*You can find your PEBB Number (PNumber) on your PEBB benefits summary (available online by logging into https://pebb.benefits.oregon.gov) or on your dental ID card if you are enrolled in a Moda (ODS) plan. If you need assistance, call 503-373-1102. Or email: inquiries.pebb@oregon.gov.

**In order to provide quick and efficient communication to our members, PEBB will send communication for the StayFit Program via the preferred email address listed above. If you do not provide or have an email address we will mail our communication letters to you.

Section 2: Gym/Facility Information

(Complete this section for each gym/facility you are a member of).

A. Gym/Facility Name (Primary)

B. Gym/Facility Name (if needed)

A. Gym/Facility Address, City, State, Zip

B. Gym/Facility Address, City, State, Zip

A. Frequency of Payment

Fee Paid:

- ○ Monthly
- ○ Yearly
- ○ Other

B. Frequency of Payment:

Fee Paid

- ○ Monthly
- ○ Yearly
- ○ Other

A. I am submitting documentation of gym/facility membership with:

- ○ Proof of gym/facility payment
- ○ Membership Agreement
- ☒ Gym/Facility will sign this form

B. I am submitting documentation of gym/facility membership with

- ○ Proof of gym/facility payment
- ○ Membership Agreement
- ○ Gym/Facility will sign this form

Notes about Gym/Facility Information

This form allows space for more than one gym or facility that you are a member of. If you only have a membership to one gym, please fill out Gym A (Primary). If you belong to a second gym and want your attendance to count for the StayFit Rewards Program, please fill out Gym B.

For a gym or fitness facility to qualify for PEBB StayFit Rewards Program, it must offer: Equipment and/or classes that provide members with cardiovascular exercise, flexibility training and/or resistance training. Charge a fee to access equipment and/or participate in classes. Be supervised by staff. Note: Facility staff do not have to be present on-site at all hours of facility operation. Provide a membership contract.

A completed form includes sending proof of gym/facility payment or membership agreement or the signature of the gym/facility on the Enrollment and Membership Application. The StayFit Enrollment and Membership Application must be completed every January or if you have a change in your gym/facility.

Section 3: Member Attestation

By checking the box below, I confirm that I have a membership agreement or financial arrangement with the gym/fitness facility listed above. Any false information submitted may result in my removal from the StayFit Rewards Program.

○ I agree

Date:

Only complete this section if you are NOT sending proof of payment or membership agreement for the gyms/facilities listed above.

Section 4: Gym/Facility Attestation

I confirm that the PEBB member listed on this form has a membership agreement or arrangement with the gym/facility and that the member has accepted liability and risk for the use of the fitness facility.

A. Gym/Fitness Facility Representative Signature	B. Gym/Fitness Facility Representative Signature
A. Gym/Fitness Facility Representative Printed Name & Title	B. Gym/Fitness Facility Representative Printed Name & Title
Kari Miller, Membership Coord.	

Notes about StayFit Rewards Program

Your StayFit subsidy payments may be considered taxable income, consult a tax professional.

Form Checklist Reminder

Did you complete?

- Section 1 (Member Information)
- Section 2 (Gym/Facility Information)
- Section 3 (Member Attestation)
- Section 4 (Gym/Facility Attestation) - Complete this section only if you are not sending in proof of membership or payment.

Send your documents/forms to one of the following:

a. stayfit.rewards@oregon.gov
b. Fax to: 503-373-1654
c. Mail to: PEBB Attn: StayFit Rewards Program 1225 Ferry St SE Salem, OR 97301

Revised: December 8, 2015