

# Exercise for Excellence

## Tracking Form



of South Central Wisconsin



Member Name	
GHC-SCW Member ID# (six digits)	
Date of Birth	
Club Name	

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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30												
31												
<b>Total</b>												

Exercise for Excellence is part of the GHC-SCW Wellness Reimbursement Program. Members may work out at an approved fitness center or health club 120 times within one calendar year to receive their reimbursement.

Use this form to track your workouts by initialing on the appropriate date each time you work out.

For more details on how to participate, visit [www.ghcscw.com](http://www.ghcscw.com)



# Take the Journey to Good Health



Discover the benefits of the **GHC-SCW Wellness Reimbursement Program.**

## What is the GHC-SCW Wellness Reimbursement Program?

GHC-SCW members may receive one reimbursement per calendar year (Jan. 1-Dec. 31) of \$100 per individual or \$200 per family of two or more enrolled members for approved wellness activities and services.

## Members may choose from one of the following services:

- Exercise for Excellence
- Community Supported Agriculture
- Weight Watchers
- Jenny Craig
- Approved GHC-SC Community Classes at UW Health and Meriter

## How do I receive my reimbursement? To obtain your reimbursement, please complete these easy steps:

### 1 Sign up for the program.

Sign up on-line and fill out the Wellness Reimbursement Form at [www.ghcscw.com](http://www.ghcscw.com), request a paper form by calling GHC-SCW Marketing at (608) 828-4831, visit a GHC-SCW clinic location or check with your workout facility. Your name, GHC-SCW member number, date of birth and address must be included on the form to be eligible for reimbursement.

### 2 Submit proof of participation.

Send proof of participation using the Exercise for Excellence Tracking Form with 120 documented workouts (one workout per day), a signature from a Meriter or UW Health program coordinator, a receipt(s) from Weight Watchers or Jenny Craig or a Farm Membership Form and proof of purchase from a participating Madison Area Community Supported Agriculture Coalition (MACSAC) or FRESH Food Connection Farm.

**All receipts should total at least \$100.**

Send to:  
GHC-SCW Marketing Department  
P.O. Box 44971  
Madison, WI 53744-4971.

The deadline to submit reimbursement requests is January 15 of the next year. Checks will be issued by March 15.

For full details, please visit the Web at:

[www.ghcscw.com](http://www.ghcscw.com)



 **Group Health  
Cooperative**

of South Central Wisconsin