

# Go365 by Humana<sup>®</sup>—Social and Educational Activity



To receive your reward, you must send this completed form to Go365 by Humana. Please be aware that the activity must be completed within the program year and we must receive the completed form by December 15 to guarantee processing before year-end. Rewards expire at the end of the year. Please keep a copy of the completed form for your records. **You can be rewarded for 12 social and educational activities per year.**

## Member information and consent to release information – please print

Member ID number:

First name:

Last name:

Date of birth (MM/DD/YYYY):

Phone number:

I acknowledge that I have completed the activity(s) listed and that the information I am submitting is accurate and complete. I understand and agree that Go365 has the right to review and verify the information provided for this activity.

Member signature:

Date (MM/DD/YYYY):

## Social and Educational Activity

Staying connected socially is important to your overall health and well-being. Social and cognitive activities can help contribute to better long-term mental health, and may help ward off dementia and depression.<sup>1</sup> Important Note: Go365 reserves the right to confirm the accuracy of all information received and we may audit your submission at any time. Invalid or inaccurate submissions will result in the denial or removal of rewards. Rewards have no cash value and must be earned and redeemed within the same plan year. Those rewards not redeemed by December 31 will be forfeited.

Please check the circle next to the completed activity and fill in the details of the class or event.

- Attend a class or health education seminar** offered by Humana Neighborhood Center or groups in your community. Examples may include a painting, dancing, or nutrition class (in person or online). Humana Neighborhood Center classes are credited automatically.

# Social and Educational Activity

**Eligible health education or class**  
(online or in person)

**Location:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Volunteer event**

**Location:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Social Club event** (such as garden, book, religious, or sports/ golf/pickleball/walking/etc.)

**Location:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Post or comment in the Go365 Community**

**Location:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Athletic event** (Organized event such as walk/ run, cycling event, virtual Run Club, dance competition, or Bocce ball tournament)

**Location:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Video or phone call (3 times) with friends or family.** Examples may include discussing health, playing a game or exercising together

**Location:**

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

**Other educational activities, not listed above**

**Location:**

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



### Send the completed form any of these ways:

**Online:**  
Sign in to Go365.com. In the top navigation, click on Social Activities.

**Mail:**  
Go365  
P.O. Box 14613  
Lexington, KY 40512-4613



1World Health Organization (2011). "Global Health and Aging." Available at [http://www.who.int/ageing/publications/global\\_health.pdf](http://www.who.int/ageing/publications/global_health.pdf) <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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