



# 2024 Activity Tracker

Workouts | Connect and Learn: Social and Health Education Activity

# 2024 Workout Tracker

Use the enclosed coupons to track your workouts. Submit up to **90 days** of activities at one time. Activities may not be submitted for rewards after **90 days**. Earn up to \$60 in rewards per year that you can redeem for gift cards in the Go365® Mall!

## Here's the easy way to track your workouts

On each of the attached monthly coupons, verify you've completed at least 12 qualifying workouts that month. Qualifying workouts include things like, walking a minimum of 5,000 steps a day, yoga, zumba, cycling, pickleball and more.

## Earn \$5 in rewards each month you complete 12 or more workouts

The Centers for Disease Control and Prevention recommends 150 minutes of activity a week to help manage or prevent health problems and maintain independence.<sup>1</sup> Earn up to \$60 in rewards a year for submitting 12 or more workouts per month.

Fill in your member information, sign and date. Return each monthly Workout Tracker in the enclosed return envelope or in a stamped envelope and mail to:

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

**For December workouts, please call the number on the back of your member ID card or submit online. See December's tracker for more information.**

**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 or removal of 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.

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<sup>1</sup> "How Much Physical Activity Do Older Adults Need?," Centers for Disease Control and Prevention, reviewed August 1, 2023. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, [https://www.cdc.gov/physicalactivity/basics/older\\_adults/index.htm](https://www.cdc.gov/physicalactivity/basics/older_adults/index.htm).

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. Rewards not redeemed by December 31 will be forfeited. Receive language assistance or have materials provided in alternative formats as noted in the enclosed accessibility flyer.

Go365 by Humana® Workout Tracker										January 2024									
Member ID#																			
First name										Last name									
Date of birth										Phone number									
Earn \$5 in rewards when you complete 12 or more workouts a month!																			
Dates completed for January																			
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									

Go365 by Humana® Workout Tracker										February 2024									
Member ID#																			
First name										Last name									
Date of birth										Phone number									
Earn \$5 in rewards when you complete 12 or more workouts a month!																			
Dates completed for February																			
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									

Go365 by Humana® Workout Tracker										March 2024									
Member ID#																			
First name										Last name									
Date of birth										Phone number									
Earn \$5 in rewards when you complete 12 or more workouts a month!																			
Dates completed for March																			
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									

## Go365 by Humana® Workout Tracker

April 2024

Member ID#

First  
nameLast  
name

Date of birth

Phone  
number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates  
completed  
for  
April

<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024
<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024

**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  
signatureDate / / 

## Go365 by Humana® Workout Tracker

May 2024

Member ID#

First  
nameLast  
name

Date of birth

Phone  
number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates  
completed  
for  
May

<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024
<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024

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Member  
signatureDate / / 

## Go365 by Humana® Workout Tracker

June 2024

Member ID#

First  
nameLast  
name

Date of birth

Phone  
number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates  
completed  
for  
June

<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024
<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024	<input type="text"/>	/	<input type="text"/>	/2024

**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  
signatureDate / /

Go365 by Humana® Workout Tracker

July 2024

Member ID#

First name

Last name

Date of birth

Phone number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates completed for July

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

Go365 by Humana® Workout Tracker

August 2024

Member ID#

First name

Last name

Date of birth

Phone number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates completed for August

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

Go365 by Humana® Workout Tracker

September 2024

Member ID#

First name

Last name

Date of birth

Phone number

Earn \$5 in rewards when you complete 12 or more workouts a month!

Dates completed for September

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

Go365 by Humana® Workout Tracker

October 2024

Member ID#	
First name	Last name
Date of birth	Phone number
Earn \$5 in rewards when you complete 12 or more workouts a month!	
Dates completed for October	
<b>CONSENT TO RELEASE AND USE INFORMATION:</b> 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

Go365 by Humana® Workout Tracker

November 2024

Member ID#	
First name	Last name
Date of birth	Phone number
Earn \$5 in rewards when you complete 12 or more workouts a month!	
Dates completed for November	
<b>CONSENT TO RELEASE AND USE INFORMATION:</b> 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

Go365 by Humana® Workout Tracker

December 2024

Visit [Go365.com/Medicare](https://Go365.com/Medicare) or call the number on the back of your card to submit your workout activity for the month of December.

Must call before December 15 to receive rewards for eligible activities.

Remember to redeem your rewards by the end of December.

# 2024 Connect and Learn: Social and Health Education

Use the enclosed coupons to track your social and health education activities. Submit within **90 days** of completing the activity. You can be rewarded for up to **4 social and health education activities** per year (no more than one per month at \$5 each) until you reach the maximum of **\$20 in rewards** per year.

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>2,3</sup>

## Rewardable social and health education activities

- Attend a class or health education seminar offered by Humana Neighborhood Center or groups in your community.
- Eligible health education or class (online or in person). Examples may include a painting, dancing or nutrition class (in person or online).
- Athletic event (Organized event such as walk/run, cycling event, virtual run club, dance competition or bocce ball tournament)
- Volunteer event
- Social club event (such as garden, book, religious, or sports/golf/pickleball/walking/etc.)
- Other educational activities, not listed above

To receive your reward, you must send this completed coupon to Go365 by Humana within 90 days of completing the activity. The activity must be completed within the program year. 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. Fill in your member information, sign and date. Return each monthly Social and Health Education Activity Tracker in the enclosed return envelope or 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 or removal of rewards.

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>

<sup>3</sup> “Loneliness and Social Isolation Linked to Serious Health Conditions,” Centers for Disease Control and Prevention (CDC), last reviewed April 29, 2021. Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html%5C>.

## Go365 by Humana® Social and Health Education Activity

Member ID#

First  
name

Last  
name

Date of birth

   /    /    

Phone  
number

   -    -    

▶ **Activities must be submitted within 90 DAYS of completion in order to be eligible for rewards**

Check completed activity

☐ **Health education class**    ☐ **Athletic or religious social event**    ☐ **Volunteer event**  
☐ **Social club event** (book, religious, sport, etc.)    ☐ **Other** \_\_\_\_\_

Date

Completion date

   /    / 2024

**Submit up to 1 eligible social and health education activity per month.** Completed forms must be received by 12/15 for processing to redeem rewards this plan year. Rewards must be earned and redeemed within the same plan year. Rewards expire Dec 31.

**CONSENT TO RELEASE AND USE INFORMATION:** By signing this form, I acknowledge that I participated in the activities as listed on the Social and Health Education Activity form 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    /    /

## Go365 by Humana® Social and Health Education Activity

Member ID#

First  
name

Last  
name

Date of birth

   /    /    

Phone  
number

   -    -    

▶ **Activities must be submitted within 90 DAYS of completion in order to be eligible for rewards**

Check completed activity

☐ **Health education class**    ☐ **Athletic or religious social event**    ☐ **Volunteer event**  
☐ **Social club event** (book, religious, sport, etc.)    ☐ **Other** \_\_\_\_\_

Date

Completion date

   /    / 2024

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Member  
signature

Date    /    /



## Go365 by Humana® Social and Health Education Activity

Member ID#

First  
name

Last  
name

Date of birth

/ / 

Phone  
number

 -  - 

 **Activities must be submitted within 90 DAYS of completion in order to be eligible for rewards**

Check completed activity

☐ **Health education class**   ☐ **Athletic or religious social event**   ☐ **Volunteer event**  
☐ **Social club event** (book, religious, sport, etc.)   ☐ **Other** \_\_\_\_\_

Date

Completion date

/ /2024

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Member  
signature

Date / /

## Go365 by Humana® Social and Health Education Activity

Member ID#

First  
name

Last  
name

Date of birth

/ / 

Phone  
number

 -  - 

 **Activities must be submitted within 90 DAYS of completion in order to be eligible for rewards**

Check completed activity

☐ **Health education class**   ☐ **Athletic or religious social event**   ☐ **Volunteer event**  
☐ **Social club event** (book, religious, sport, etc.)   ☐ **Other** \_\_\_\_\_

Date

Completion date

/ /2024

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Member  
signature

Date / /

## 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, ethnicity, marital status, religion, or language. 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 **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/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **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: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 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. 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 béesh 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)**

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك