

# PEBB StayFit Rewards Program Attendance Verification



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## **Section 1: Member Information**

PEBB Number, OR Number,  
University or Lottery ID

### **PEBB Number**

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](mailto:inquiries.pebb@oregon.gov).

First and Last Name

Address, City, State, Zip

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## **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. Attendance Verification

I am listing my gym/fitness attendance below

I am attaching a print-out of my gym/fitness attendance\*

B. Attendance Verification

I am listing my gym/fitness attendance below

I am attaching a print-out of my gym/fitness attendance\*

### **Notes about Gym/Facility Information**

\*If you are attaching a print-out of your gym/fitness attendance you only need to complete: Sections: 1 (Member Information), 2 (Gym/Facility Information) and 4 (Member Attestation).

You can submit your attendance verification forms monthly, quarterly or yearly!

**All attendance forms for claiming the StayFit subsidy for 2016 need to be received by PEBB no later than 03/31/2017.**

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## **Section 3: Attendance Tracking - Month 1**

The following dates of attendance were from:

Gym A

Gym B

Gym A & B

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

What type of exercise do you routinely do? (select all that apply)

Cardiovascular or high intensity interval training

Yoga or Pilates

Strength Training

Zumba or Jazzercise

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### Month 2

The following dates of attendance were from:

Gym A

Gym B

Gym A & B

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

What type of exercise do you routinely do? (select all that apply)

Cardiovascular or high intensity interval training

Yoga or Pilates

Strength Training

Zumba or Jazzercise

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### Month 3

The following dates of attendance were from:

Gym A

Gym B

Gym A & B

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

What type of exercise do you routinely do? (select all that apply)

Cardiovascular or high intensity interval training

Yoga or Pilates

Strength Training

Zumba or Jazzercise

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#### **Section 4: 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:

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#### **Notes about StayFit Rewards Program**

Your Stay Fit 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 (Attendance Tracking) if you are not submitting a print-out from your gym.
- Section 4 (Member Attestation)

#### **Send your documents/forms to one of the following:**

a. [stayfit.rewards@oregon.gov](mailto:stayfit.rewards@oregon.gov)

b. Fax to: 503-373-1654

c. Mail to: PEBB Attn: Stay Fit Rewards Program 1225 Ferry St SE Salem, OR 97301