

Go365[®] by Humana Social Activities



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 in order for us to process the form before the calendar year ends. You must redeem all of your rewards by December 31 or they will expire. Please keep a copy of the completed form for your records.

You can be rewarded for four social 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):

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

Social and Lifestyle Activity

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

Humana in Your Community Class

Location:

Date of class (MM/DD/YYYY):

Phone number

If you attend a health education class at a Humana in your community location, you will not need to submit this form.

Athletic Event (e.g. 5K, cycling, marathon)

Location:

Date of event (MM/DD/YYYY):

Phone number

Fitness or Lifestyle Class (e.g. yoga, dancing, painting)

Location:

Date of class (MM/DD/YYYY):

Phone number

Nutrition Seminar or Healthy Living Class

Location:

Date of class (MM/DD/YYYY):

Phone number

Community Volunteer Event

Location:

Date of event (MM/DD/YYYY):

Phone number

Other

Location:

Date of event (MM/DD/YYYY):

Phone number

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.

Humana is a Medicare Advantage HMO, PPO, and PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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 identity, 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 the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone 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>.

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 hí béesh bee hani'í bee wolta'ígíí bich'í' hódílnih 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