



2026 Activity tracker

Workouts | Connect and learn: social and health education activity

2026 workout tracker

Use the enclosed forms 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 forms, 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.¹ 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 a stamped envelope and mail to:

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

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

1. "Older Adult Activity: An Overview," Centers for Disease Control and Prevention (CDC), last accessed November 3, 2025, <https://www.cdc.gov/physical-activity-basics/guidelines/older-adults.html>.

Reward amounts shown represent the value of the reward, not actual dollars. 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.

Go365® workout tracker

January 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for January	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____ Date / /



Go365® workout tracker

February 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for February	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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Member signature _____ Date / /

Place your completed form in a stamped envelope and mail to:

Go365
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Lexington, KY 40512-4613

Place your completed form in a stamped envelope and mail to:

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Lexington, KY 40512-4613

Go365® workout tracker

March 2026

Member ID#

First name

Last name

Date of birth [][]/[][]/[][][][]

Phone number [][][]-[][][]-[][][][]

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

Date completed for March	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026
	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026
	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026

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.

Member signature _____ Date [][]/[][]/[][][][]



Go365® workout tracker

April 2026

Member ID#

First name

Last name

Date of birth [][]/[][]/[][][][]

Phone number [][][]-[][][]-[][][][]

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

Date completed for April	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026
	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026
	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026	[][]/[][]/2026

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.

Member signature _____ Date [][]/[][]/[][][][]

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Go365® workout tracker

May 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for May

/ /2026 / /2026 / /2026 / /2026 / /2026 / /2026
 / /2026 / /2026 / /2026 / /2026 / /2026 / /2026
 / /2026 / /2026 / /2026 / /2026 / /2026 / /2026

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.

Member signature _____

Date / /



Go365® workout tracker

June 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for June

/ /2026 / /2026 / /2026 / /2026 / /2026 / /2026
 / /2026 / /2026 / /2026 / /2026 / /2026 / /2026
 / /2026 / /2026 / /2026 / /2026 / /2026 / /2026

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.

Member signature _____

Date / /

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Go365® workout tracker

July 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for July

<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____ Date / /



Go365® workout tracker

August 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for August

<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____ Date / /

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Go365® workout tracker

September 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for September	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____ Date / /



Go365® workout tracker

October 2026

Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for October	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____ Date / /

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Member ID#

First name

Last name

Date of birth / /

Phone number - -

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

Date completed for November	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026
	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026	<input type="text"/> / <input type="text"/> /2026

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.

Member signature _____

Date / /



Call the number on the back of your member ID card to submit your workout activity for the month of December.

Must call before December 31 to receive rewards for eligible activities.

Remember to redeem your rewards by the end of December.

Place your completed form in a stamped envelope and mail to:

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

2026 Connect and learn: social and health education

Use the enclosed forms to track your social and health education activities. Submit within 90 days of completing the activity. You can be rewarded for up to **2 social and health education activities** per year (no more than one per month at \$5 each) until you reach the maximum of **\$10 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.^{2,3}

Rewardable social and health education activities

- Attend a class or health education seminar (online or in person) offered to groups in your community. Examples may include a painting, dancing or nutrition class.
- 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 form to Go365 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 a stamped envelope and mail to:

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

Please note: Submission of incorrect or inaccurate information may result in the member not earning rewards or removal of rewards.

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2. "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System," National Academies of Sciences, Engineering, and Medicine, last accessed November 3, 2025, <https://doi.org/10.17226/25663>.
 3. "Health Effects of Social Isolation and Loneliness," Centers for Disease Control and Prevention (CDC), last accessed November 3, 2025, <https://www.cdc.gov/social-connectedness/risk-factors/index.html>.

Go365[®] 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 _____

Completion date

/ / 2026

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.

Member signature _____ Date / /



Go365[®] 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 _____

Completion date

/ / 2026

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.

Member signature _____ Date / /

Place your completed form in a stamped envelope and mail to:

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Lexington, KY 40512-4613

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