

# Fitness Reimbursement Form



## Directions

1. Complete the Associate Information & Signature portion of the form. Have a club representative complete the Fitness Center Membership Information portion for membership fees reimbursement. **AND/OR** Have the class instructor or representative complete the Fitness Class Information portion for class reimbursement.
2. **Include with this form a receipt of your payment (if paying upfront) or a copy of your contract (if making monthly/quarterly payments) for the membership.**
3. Return this form and proof of purchase to the Benefits Department by January 31 each year.

### NOTES:

- Fitness Center Membership Reimbursements are made on a monthly basis and are contingent to the submission of monthly tracking cards or utilization reports from your gym. Fitness Class Reimbursements are made upon completion of the class session or upon filling a class punch card.
- All reimbursements are subject to applicable federal, state, and local taxes.

## Associate Information

Name: \_\_\_\_\_ \*Associate ID: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Were you a member of a health club or class prior to the year for which you are requesting reimbursement? Y / N

## Fitness Center Membership Information (COMPLETED BY CLUB REPRESENTATIVE)

Fitness Center Name: \_\_\_\_\_ City: \_\_\_\_\_

Duration of Membership: \_\_\_\_\_ to \_\_\_\_\_

Membership Option: Adult / Family / Household Cost of Membership: \$ \_\_\_\_\_ per month

List all participants included on the membership: \_\_\_\_\_

My club meets the definition: "A qualified, full-service health and fitness club is a facility with cardiovascular and strength training equipment and facilities for exercising and improving physical fitness."  Yes  No

Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fitness Class Information (COMPLETED BY CLASS INSTRUCTOR/REPRESENTATIVE)

Fitness Class Name: \_\_\_\_\_ Location: \_\_\_\_\_

Duration of Class Session: \_\_\_\_\_ to \_\_\_\_\_ OR Number of Classes Purchased: \_\_\_\_\_

Total Cost of Class Session: \$ \_\_\_\_\_ OR Total Cost of Classes Purchased: \$ \_\_\_\_\_

Class Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Associate Signature

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Entered in Fitness Log O Notes: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Denied O

Approved O

# Weight Watchers Reimbursement Form

## Directions

1. Complete the Associate Information & Signature portion of the form. Please put your monthly cost for either Weight Watchers Monthly Pass OR if you sign up for Weight Watchers Online please complete the section with what plan you purchased and your monthly cost.
2. **Include with this form a receipt of your payment or a copy of your contract for proof of purchase**
3. Return this form and proof of purchase to the Benefits Department by January 31 each year.

## NOTES:

- Weight Watchers Reimbursements are made on a monthly basis and are contingent to the submission of monthly proof of purchase. Proof of purchase can be a receipt, bank statement showing automatic withdrawal, or confirmation of payment. If you have question on whether a proof of payment documentation is appropriate please contact Ali Nehmer.
- All reimbursements are subject to applicable federal, state, and local taxes.
- You may choose to be reimbursed for Weight Watchers, fitness center dues, and/or fitness classes to a maximum of \$400/year.

## Associate Information

Name: \_\_\_\_\_ \*Associate ID: \_\_\_\_\_

Facility Location: \_\_\_\_\_

## Weight Watchers Monthly Pass Information (COMPLETED BY GROUP LEADER)

Meeting Location: \_\_\_\_\_ City: \_\_\_\_\_

Cost of Membership: \$ \_\_\_\_\_ per month

## Weight Watchers Online Information

Type of Online Membership Plan (Please check the plan you are signed up for):

\_\_\_\_\_ 3-month Savings Plan                      \_\_\_\_\_ Standard Monthly Plan

Please write in the cost of your online membership:

Initial sign-up fee : \_\_\_\_\_ Monthly cost: \_\_\_\_\_

\* Reimbursement will only be put toward monthly fees for Weight Watchers Monthly Pass or Weight Watchers Online. Reimbursements will not be put toward the purchase of Weight Watchers food, merchandise or additional items outside of the monthly fees.

## Associate Signature

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Hire Date: \_\_\_\_\_

Entered in Fitness Log O Notes: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Denied O

Approved O