

FITNESS REIMBURSEMENT FORM – FITNESS CENTER



1. Complete the Associate Information portion of the form. Have a club representative complete the Fitness Center Membership Information portion for membership fees 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 or within 30 days of signing up for a membership.
4. For reimbursement, Associates must attend the fitness center at least 10 times per month. At the end of the month, Associates must turn in their completed Tracking Card or a utilization report from the gym showing their attendance ***within the first five (5) business days of the following month.*** Depending when payroll ends, reimbursement will be applied on the first week's payroll.

NOTES:

- Reimbursements are contingent on the Associate's attendance. Associate must attend the fitness center at least 10 times per month in order to receive reimbursement.
- All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION

Name:
Associate ID:
Facility Location:

FITNESS CENTER MEMBERSHIP INFORMATION

Fitness Center/Gym Name:	
Duration of the Membership:	Membership Type: <i>Please Circle</i> Adult/Family/Household/Couple/Other: _____
Cost: \$ _____ per month	
Participants on Membership: (list names)	

**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."
PLEASE CIRCLE: YES NO**

SIGNATURE

Signature of Associate:	Date:
Signature of Club Representative:	Date:

GRANDE HR USE ONLY

Date Received: _____	Membership Year: _____
New Enrollee: Y/N	

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