

# FITNESS REIMBURSEMENT FORM – VIRTUAL FITNESS OR MENTAL WELL-BEING MEMBERSHIP



1. Complete the Associate Information and Virtual Membership Information on the form.
2. **Include with this form a receipt of your payment for the virtual 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 at least **10 virtual sessions per month**. At the end of the month, Associates must turn in their completed Tracking Card or a utilization report from their app/program 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.

**Note:** All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION	
Name:	
Associate ID:	
Facility Location:	
VIRTUAL MEMBERSHIP INFORMATION	
Name of App/Virtual Program:	
Type of virtual program: <i>Please circle</i> Fitness/Mental Well-being	Cost: \$ _____ per month
Participants using Membership: (list names and if Associate or spouse)	
<p><b>MY VIRTUAL PROGRAM MEETS THE CRITERIA FOR PROVIDING INSTRUCTION OR RESOURCES RELATING TO PHYSICAL ACTIVITY OR MENTAL WELL-BEING. (Ex: Peleton, Beach Body, Les Mills, Calm, Headspace, Buddhify)</b></p> <p><b>PLEASE CIRCLE: YES NO</b></p>	
SIGNATURE	
Signature of Associate:	Date:
GRANDE HR USE ONLY	
Date Received: _____	Membership Year: _____
New Enrollee: Y/N	

**\*Please remember to include with this form a receipt of your payment for the membership.**

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