

FITNESS REIMBURSEMENT FORM –



VIRTUAL FITNESS OR MENTAL WELL-BEING MEMBERSHIP

To enroll in this benefit, 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 virtual membership.

- Complete the *Associate Information* and *Virtual Membership Information* portions on the form.
- 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.

Monthly Requirements 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 ten (10) business days of the following month***. Depending when payroll ends, reimbursement will be applied on the first week's payroll.
- Submit proof of payment each month, if paying monthly.

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: *Please circle*
Fitness/Mental Well-being

Cost: \$ _____ per month

MY VIRTUAL PROGRAM MEETS THE CRITERIA FOR PROVIDING INSTRUCTION OR RESOURCES RELATING TO PHYSICAL ACTIVITY OR MENTAL WELL-BEING.

(Ex: Peloton, Beach Body, Les Mills, Calm, Headspace, Buddhify)

PLEASE CIRCLE: YES NO

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.**

Contact: Haleigh Lenz – Haleigh.Lenz@grande.com - (920) 952-7371