

Fitness Reimbursement Program — *Fitness Center Tracking Card*



Associate's Name: _____

Reimbursement Month: _____

Fitness Center: _____

- *Associates must exercise at their health club a minimum of 10 times/month to be eligible for reimbursement*
- *All Tracking Cards must be submitted to the Benefits Department within 5 days following the end of the month*
- *A utilization report from your health club may be turned in in lieu of tracking card*

	<i>Date of Visit</i>	<i>Exercise</i>
Visit 1		
Visit 2		
Visit 3		
Visit 4		
Visit 5		
Visit 6		
Visit 7		
Visit 8		
Visit 9		
Visit 10		

Fitness Reimbursement Program — *Fitness Class Tracking Card*



Associate's Name: _____

Fitness Class Dates: _____

Fitness Class Name: _____

Length of Session or # of Class "Punches": _____

- *Associates must complete the class session or punch card to be eligible for reimbursement*
- *Completed class punch cards may be turned into the Benefits Department in lieu of the tracking card*

Length of class session may differ from 10 classes—Add/Remove classes as needed.	<i>Date of Class</i>	<i>Instructor's Initials</i>
Class 1		
Class 2		
Class 3		
Class 4		
Class 5		
Class 6		
Class 7		
Class 8		
Class 9		
Class 10		