



San Diego Transit IBEW Local 465  
**HEALTH & WELFARE SECURITY FUND**

# Gym Membership Reimbursement Form

Kick start your Route to Wellness by becoming a member at any local gym and working out at least 8 times per month. You will qualify to be reimbursed from the Trust Fund up to \$25 per month for your gym membership fee. Don't leave your family at home while you are working out! Eligible dependents may also be reimbursed for their monthly gym fees if they are currently enrolled through the Trust Fund Kaiser healthcare plan.

**How to Qualify for Reimbursement**

1. Provide documentation from your gym that you went at least 8 days each month.
2. Provide documentation of monthly membership dues. Membership dues must be for March 1, 2018 to February 28, 2019 only. If you purchased an annual membership, you are eligible to receive 1/12 of the cost each month, up to \$25.
3. Return this completed form along with the proof of attendance and cost to the Trust Fund Administrator on or before March 31, 2019.

-----Section to be completed by Employee -----

IBEW 465                      Month(s): \_\_\_\_\_                      Reimbursement Amount: \_\_\_\_\_

Dependent Name (If applicable) \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

I certify that I worked out at the gym on the dates indicated in the attached supporting documentation and the request complies with all reimbursement program Rules, Terms and Conditions on the reverse side of this form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Trust Fund Wellness Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## Rules, Terms and Conditions:

- Employee and/or eligible dependent(s) must be enrolled in health insurance through the Trust Fund (Kaiser) to qualify for reimbursement.
- Employee must be actively employed when the reimbursement from the Trust Fund is processed to qualify.
- Trust Fund will only reimburse actual cost of membership, enrollment fees are not eligible. For example, if the employee's gym membership fee is \$20 with an annual enrollment fee of \$120, the employee is only eligible for \$20.
- Requests must be accompanied by proof of qualifying membership fee and proof of monthly attendance showing employee attended the gym a minimum of 8 times during the month.
- All forms must be submitted on or before March 31, 2019.
- Reimbursements are made directly from the Trust Fund. Reimbursements will be processed as quickly as possible and reimbursement checks will be distributed to employee.
- Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees and dependents. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the wellness coordinator at 619-BENEFIT (619-236-3348). We will work with you (and, if you wish, with your doctor) to find a wellness program with the same regard that is right for you in light of your health status.
- Please note, any monies received by you through the wellness program are taxable. If you have any questions, you should consult your tax advisor.

## Examples of qualifying gyms:

- 24 Hour Fitness
- FIT Athletic Club
- F45 Training
- Chuze Fitness
- YMCA
- Yoga Studios

***Employees with questions about programs not specifically approved on this form should contact the Trust Fund Administrator at 619-BENEFIT (619-236-3348) before making a purchase.***