



San Diego Transit IBEW Local 465 HEALTH & WELFARE SECURITY FUND

Walk/Run/Bike Event Reimbursement Form

Start your Route to Wellness today by signing up for and participating in any walking, running and/or biking event of your choice. Don't leave your family at home while getting fit! Eligible dependents may also be reimbursed from the Trust Fund for participating in any walking, running and/or biking event if they are currently enrolled through the Trust Fund Kaiser healthcare plan. You can be reimbursed from the Trust Fund up to \$200 annually per household.

How to Qualify for Reimbursement

1. Provide proof you attended the event (example: participant bib) between March 1, 2018 to February 28, 2019.
2. Provide proof of the cost and distance of the event.

<u>Event Type</u>	<u>Event Distance</u>	<u>Reimbursement Amount</u>
Walk, Run or Bike	Less than 6 miles	cost of event up to \$30
Walk, Run or Bike	6-12 miles	cost of event up to \$50
Walk, Run or Bike	13-25 miles	cost of event up to \$70
Walk, Run or Bike	26 miles plus	cost of event up to \$100

3. Return this form along with proof of attendance and proof of payment to the Trust Fund Administrator on or before March 31, 2019.

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

IBEW 465 Reimbursement Amount: _____

Event(s) Attended _____

Dependent Name (if applicable) _____

Employee Name _____ Employee ID# _____

I certify the request for reimbursement complies with all of the 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.
- Maximum annual reimbursement amount from the Trust Fund is \$200 per household.
- Trust Fund will only reimburse registration costs for events between March 1, 2017 and February 28, 2018.
- Requests must be accompanied by proof of qualifying registration payment, distance of event, and attendance.
- All forms must be submitted on or before March 31, 2018.
- 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 events:

- Race for Autism
- Peace-Love-Run Half Marathon
- Rock 'n' Roll Marathon
- BootCamp Challenge