

. Reimbursement Form

Please read the instruction below, then proceed to fill out the Fitness Reimbursement Form.

Mailing/Fax Instructions

Please enclose the following:

Keep copies of all documentation before sending in your Fitness Reimbursement Form

1. Copy of receipts (cash/check/credit/electronic) for health club membership dues—must equal or exceed amount being claimed.
2. Completed Fitness Reimbursement Form
3. Mail to: Company name
Attn: Human Resources
Street
City, WI Zip

Or Fax to: 000-000-0000

Remember: eligibility for (Company)'s Fitness Reimbursement begins January 1, 2006. 2005 Health Club Membership (or earlier) is not eligible for reimbursement.

Commonly Asked Questions and Answers

How do you qualify for a reimbursement?

- Subscriber must be active, i.e., a current employee of (Company) at the time the fitness reimbursement form is submitted.

When Can you submit your Fitness Reimbursement Form?

- Starting immediately.

How does your health club qualify?

- A qualified, full-service health and fitness club is a facility with cardio vascular and strength-training equipment and facilities for exercising and improving physical fitness.
- Facilities/programs that **DO NOT** qualify for reimbursement include: Martial arts centers, gymnastics facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

How much can you claim for reimbursement?

- Reimbursement is up to \$50 per calendar year (January - December 2006) in total for health club membership dues for the employee.
- Subscriber may receive a \$50 Fitness Reimbursement only once for a calendar year.

What happens once you submit the Fitness Reimbursement form?

- Reimbursements will be paid out with payroll in the month following the Quarter.
 - Q1 (January—March) paid out in April
 - Q2 (April—June) paid out in July
 - Q3 (July—September) paid out in October
 - Q4 (October—December) paid out January (following year)

Reimbursement Form

To be filled out by (Company) employee only. Please use blue or black ink and print all information clearly.

When to submit this form:

- Once per calendar year, with all necessary receipts and health club contract.
- Once all sections have been completely filled out and signed by the employee.

Section A - Employee Information (person who holds coverage)

Employee's Last Name	First Name	Middle Initial	
Date of Birth (mm/dd/yyyy)	SSN (last 4 digits)		
Address	City	State	Zip Code
Phone (area code) xxx-xxxx			

Section B - Health Club Information (list all health clubs that you are submitting for reimbursement)

ATTACH DOCUMENTATION	Calendar Year From: mm/dd/yyyy To: mm/dd/yyyy	Club Name	City, State	Phone Number (Area Code) xxx-xxxx	\$ Amount being claimed

Total number of documents: _____

Total dollar amount being claimed \$ _____
(up to \$50 per calendar year)

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Employee Signature

Date