**GYM MEMBERSHIP PROGRAM**

**Reimbursement Request Form**

 *(See page2 for important Program information and deadlines)*

|  |
| --- |
| **Employee Information:** *All information is required* |
| Name | Preferred Phone |
| Job Title/Department |
| E-mail |
| **IF this gym membership includes another State employee, please provide:** |
| Other Employee Name | Relationship[ ]  Spouse/Domestic Partner[ ]  Adult Child |
| Other Employee’s Job Title/Department |
| Other Employee’s E-mail |

|  |
| --- |
| **Gym Information:** *Please complete all applicable information* |
| Gym Name | Gym Location | Gym Phone |
| Reimbursement Period *(choose one)*[ ]  1st Quarter (Jan-Mar) [ ]  2nd Quarter (Apr-Jun) [ ]  3rd Quarter (Jul-Sept) [ ]  4th Quarter (Oct-Dec) |
| Type of Gym Membership Purchased (select all that apply) [ ]  Monthly [ ]  Individual  [ ]  Annual [ ]  2-Person \*See box below [ ]  Other (e.g. punch card, visit pass)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Family \*See box below  |
| Amount Paid (attach proof of payment to your application)$ | \*If you purchased 2-person or family membership provide the gym’s standard **monthly** rate for individual membership$ |

I certify that the information provided above is valid and accurate. I understand that submitting false or fraudulent information and/or documentation may result in progressive discipline up to and including discharge. I have read and understand the program requirements on the reverse side of this application.

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

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

*(If applicable)*

**In order to process reimbursement, you must submit:**

\_\_\_ This completed form \_\_\_ Proof of gym payment/membership \_\_\_ Proof of gym attendance

**Please return all of the above to your agency’s Human Resources/Payroll office**

|  |
| --- |
| **For Human Resources Personnel Only:** |
| [ ]  Approved Month 1: $\_\_\_\_\_\_\_\_\_\_ Month 2: $\_\_\_\_\_\_\_\_\_\_\_\_ Month 3: $\_\_\_\_\_\_\_\_\_\_\_[ ]  Denied Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed By | Date Received | Pay Date |

**See Page 2**

**Gym Membership Reimbursement**

**Program Requirements**

Employees who purchase and participate in a gym membership\* may be eligible for gym membership reimbursement up to $40 per month. In order to qualify, the following proof of paid membership and attendance must be submitted with this completed reimbursement form:

1. Proof of paid membership: receipt from gym; copy of a canceled check; credit card statement; online purchase receipt must include employee name, gym name, amount paid, and date paid. Other gym fees (e.g. joiner, start-up, annual fees) are not reimbursable. **AND**
2. Proof of attendance showing a minimum of 8 visits per month for each month requesting reimbursement: a gym-generated print out of attendance that identifies the date of every gym visit and the employee/member, or an official tracking sheet signed and certified by a gym employee.

\*A membership to a facility primarily focused on physical fitness, such as a YMCA, Planet Fitness, Anytime Fitness, CrossFit, etc. If you are uncertain if your gym qualifies, please seek confirmation prior to purchasing a membership.

***Please note:***

* This is a REIMBURSEMENT. The amount reimbursed shall not exceed the cost of the gym’s rate for an individual membership and the amount of the receipt submitted, up to $40 per month.
* If two State employees are on the same membership, the amount of their combined reimbursement amounts shall not exceed the cost of the membership, the gym’s rate for 2 individual memberships, and the amount of the receipt submitted, up to $40 per month for each.
* Reimbursement will be disbursed in your paycheck (contingent on employment) and is taxable.
* **Late or incomplete forms will not be accepted.**

|  |
| --- |
| **Important Dates and Deadlines:** |
| **Gym Membership Period** | **Submit Form and Proof Between\*** | **Receive Reimbursement** **with Pay Check By** |
| July 1 – September 30 | October 1 and 15 | November 30 |
| October 1 – December 31 | January 1 and 15 | February 28 |
| January 1 – March 31 | April 1 and 15 | May 31 |
| April 1 – June 30 | July 1 and 15 | August 31 |

*\* Seasonal employees: Contact your agency’s Human Resources/Payroll office for additional information.*

For more information about the Gym Membership Reimbursement Program including a listing of some of the qualifying gyms and frequently asked questions, visit [www.maine.gov/deh](http://www.maine.gov/deh) or e-mail info.wellness@maine.gov.

Completed applications must be returned to your agency’s Human Resources/Payroll office.