



## GYM MEMBERSHIP PROGRAM

### Reimbursement Request Form

(See page 2 for important Program information and deadlines)

<b>Employee Information: All information is required</b>	
Name	Preferred Phone
Job Title/Department	
E-mail	
<b>IF this gym membership includes another State employee, please provide:</b>	
Other Employee Name	Relationship <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Adult Child
Other Employee's Job Title/Department	
Other Employee's E-mail	

<b>Gym Information: Please complete all applicable information</b>		
Gym Name	Gym Location	Gym Phone
Reimbursement Period (choose one) <input type="checkbox"/> 1 <sup>st</sup> Quarter (Jan-Mar) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (Apr-Jun) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (Jul-Sept) <input type="checkbox"/> 4 <sup>th</sup> Quarter (Oct-Dec)		
Type of Gym Membership Purchased (select all that apply) <input type="checkbox"/> Monthly <input type="checkbox"/> Individual <input type="checkbox"/> Annual <input type="checkbox"/> 2-Person *See box below <input type="checkbox"/> Other (e.g. punch card, visit pass) _____ <input type="checkbox"/> 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 <b>monthly</b> 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)

### Submit in PRISM using the 'Create Request' app:

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

<b>For Human Resources Personnel Only:</b>		
<input type="checkbox"/> Approved    Month 1: \$ _____    Month 2: \$ _____    Month 3: \$ _____		
<input type="checkbox"/> 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 gym facilities, and frequently asked questions, please visit <https://www.maine.gov/bhr/oeh/> or e-mail [info.wellness@maine.gov](mailto:info.wellness@maine.gov).