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)* ☐ QTR1 (July-September) ☐ QTR2 (October-December) ☐ QTR3 (January-March) ☐ QTR4 (April-June)		
Type of Gym Membership Purchased (select all that apply) ☐ Monthly ☐ Annual ☐ Other (e.g. punch card, visit pass)_____ ☐ Individual ☐ 2-Person *See box below ☐ Family *See box below		
Amount Paid (attach proof of payment to your application) $		*If you purchased a 2-person or family membership, provide the gym's standard **monthly** rate for an 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 'Request One-Time Payment for Myself':

___This completed form ___Proof of gym payment/membership ___Proof of gym attendance

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:		
Quarterly Processing Period	**Gym Membership Period**	**Submit Form and Proof of Membership Between***
Quarter 1 (QTR1)	July 1 – September 30	October 1 and 15
Quarter 2 (QTR2)	October 1 – December 31	January 1 and 15
Quarter 3 (QTR3)	January 1 – March 31	April 1 and 15
Quarter 4 (QTR4)	April 1 – June 30	July 1 and 15

** 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.