

Exercise Facility Reimbursement Program

Reimbursement Form

Stay in shape

Starting or staying with an exercise routine isn't always easy. To help you stay motivated, we provide reimbursement toward fitness center membership fees. The reimbursement benefit is limited to you and your spouse; no other dependents are eligible. In order for your spouse to be eligible for this benefit, he or she must also be enrolled in the health plan.

Selecting a gym

To receive reimbursement, you must participate in a gym and/or program that promotes cardiovascular wellness. Memberships in sports clubs, country clubs, weight loss clinics, spas, or other similar facilities will not be reimbursed. For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:

- Elliptical cross-trainer
- Group exercise
- Pool
- Rowing machine
- Squash/tennis/racquetball courts
- Step machine/climber
- Treadmill
- Walking/running group

How much can I get reimbursed?

This plan offers up to \$200 per employee and \$100 per spouse for every six-month period.

To receive reimbursement, you must take the following steps:

1. Visit the gym – You must complete a minimum of 50 visits per six-month period. Reimbursements will not be issued until six months have passed, even if 50 visits are completed sooner than six months.

2. Collect paperwork – You need to collect three things (1) a copy of your current gym bill showing the monthly cost of your membership; (2) proof of payment for each of the six months you are submitting for reimbursement (i.e., credit card statement, payroll deduction, automatic bank withdrawal, etc.); and (3) a copy of the brochure that outlines the services the gym offers.

3. Complete form – Fill out and submit the Gym Reimbursement Form on the next page. Remember to provide dates of your gym visits completed within six-month period for which you are making a claim.

4. Mail form – Submit the Gym Reimbursement Form, along with a copy of your current gym bill, proof of payment, and a copy of the gym's brochure.

Gym Reimbursement Form

To be eligible for reimbursement, you must complete the information below and send the following three items to:

Stirling Benefits, Inc.
20 Armory Lane,
Milford, CT 06460

1. This reimbursement form with 50 visits completed within a six-month period.
2. A copy of a bill from your gym, showing the monthly cost of your membership.
3. A copy of the gym's brochure outlining the services provided.

Gym reimbursement form substitutes

One of the following pieces of documentation may be used as a substitute for the Gym Reimbursement Form:

- A photocopy of your fitness program card or your records kept on file at the gym. An original signature must appear on the photocopy (photocopied signatures are not valid)
- A computer printout of your visits to the fitness center
- Receipts that indicate each time you have visited the gym or

Name of Gym: _____

Date of visit:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

My signature below affirms that all of the information listed is full, complete and true to the best of my knowledge.

Member Name: _____

ID Number: _____

Member Address: _____

Member Signature: _____

Date: _____

Date of visit:

26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
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43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____

If you have any questions regarding gym reimbursement, please call Customer Service at (203) 876-1660.