DIVERSIFIED GROUP
Your Solution to Health Benefits

Group No.: DAC450S

Employer: Greenwich Hospitality Corporation

GYM Expense Reimbursement Claim Form

PLEASE NOTE: You must be covered under the Greenwich Hospitality Medical Plan

Employee Name Social Security Number or Member ID

Street Address

Date of Birth

I hereby certify that the information on this form is complete and accurate to the best of my knowledge. I also agree to reimburse my employer to the extent of any overpayment, which is in excess of the amounts payable under this Plan.

Employee's Signature Date

Maximum of $200 reimbursement for Gym membership per plan year (March 1st to February 28th) for Employee Only

- **Fitness Clubs/Gyms**

How to file a Claim:

Step 1) Complete the above Expense Reimbursement Claim Form.
Step 2) Sign and date the Claim Form.
Step 3) Attach itemized receipt(s).
Step 4) Submit your claim to: Diversified Administration Corporation
Claims Department
P.O. Box 299
Marlborough, CT 06447

Email: Tony Dewindt @ tdewindt@diversifiedgb.com

or **Fax to Claims: #860-295-0340**