

GYM REIMBURSEMENT FORM

THEATRICAL WARDROBE UNION LOCAL 764
OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES
545 WEST 45TH STREET, 2ND FLOOR
NEW YORK, NEW YORK 10036



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Healthier members are happier members.

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, Local 764 will provide reimbursement toward fitness center membership fees. A member can get reimbursed for going to the gym an average of two times per week. We know that staying with an exercise routine isn't always easy, and this can help you stay motivated and healthy.

Note: This reimbursement is available to Local 764 members in good standing only. Please refer the Summary Plan Description for benefit availability.

It's easy. First, select 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 are not eligible.) 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 classes
- pool
- rowing machine
- squash/tennis/racquetball courts
- stationary bicycle
- step machine/climber
- treadmill
- walking/running group
- yoga
- dance classes

How much can you get reimbursed?

Members will be reimbursed \$150.00 for 50 visits in a 6 month period. Members must be in good standing (all dues and assessments paid).

The reimbursement period begins on the date of your initial visit to the gym and ends six months from that date. Subsequent reimbursement periods begin one day after your previous reimbursement period ended.

You should follow the steps below to receive reimbursement for your fitness participation:

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: a copy of your current gym bill, showing the monthly cost of your membership; 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 a copy of the brochure or written documentation including documents printed from the gym's website that outline the services the gym offers.
3. Complete the form – Fill out and submit a Gym Reimbursement Form. Remember to provide the dates of your gym visits, completed within the six-month period for which you are making a claim. Also, a representative from your gym must sign the form. You can get extra forms from the Local 764 office, from our website www.ia764.org or by calling Cathy Halpin at 212-957-3500 x14.
4. Submit everything:

The Gym Reimbursement Form, along with a copy of your current gym bill, proof of payment and a copy of the gym's brochure, should be submitted within six months (180 days) to the Local 764 Office (either by mail or in person):

ATTN: Gym Reimbursement

545 W 45th St, 2nd Floor

New York, NY 10036

THE ORIGINAL SIGNATURES MUST BE SUBMITTED

Important: Please complete the form in its entirety, or the processing of your claim may be delayed or denied. Please complete one form for each six-month period for which you are making a claim.

For more information, contact Cathy Halpin at 212-957-3500 or email at chalpin@ia764.org

You must be a member in good standing to have your claim reimbursed.

Gym Reimbursement Form for Local 764

Member name: _____ Member email address: _____

Member address: _____ Date of birth: _____

Six-month period requested: Start date: _____ End date: _____

Dates of your 50 gym visits:

| | | |
|-----------|-----------|-----------|
| 1. _____ | 21. _____ | 41. _____ |
| 2. _____ | 22. _____ | 42. _____ |
| 3. _____ | 23. _____ | 43. _____ |
| 4. _____ | 24. _____ | 44. _____ |
| 5. _____ | 25. _____ | 45. _____ |
| 6. _____ | 26. _____ | 46. _____ |
| 7. _____ | 27. _____ | 47. _____ |
| 8. _____ | 28. _____ | 48. _____ |
| 9. _____ | 29. _____ | 49. _____ |
| 10. _____ | 30. _____ | 50. _____ |
| 11. _____ | 31. _____ | |
| 12. _____ | 32. _____ | |
| 13. _____ | 33. _____ | |
| 14. _____ | 34. _____ | |
| 15. _____ | 35. _____ | |
| 16. _____ | 36. _____ | |
| 17. _____ | 37. _____ | |
| 18. _____ | 38. _____ | |
| 19. _____ | 39. _____ | |
| 20. _____ | 40. _____ | |

As a substitute for filling in the dates of your 50 gym visits on this form, you may submit one of the pieces of documentation that are listed below as an attachment to this form. Your documentation must include a signature from a gym representative for verification purposes.

- A computer printout of your visits to the fitness center;
- Receipts that indicate each time you have visited the gym; or
- Verification from your employer that indicates your use of the employer's gym.

Name of facility: _____ Facility employee's signature: _____

Phone number of facility: _____ Employee's name (printed): _____

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Member signature: _____ Date: _____