

Fitness Reimbursement Form

*Please print all information clearly. Form must be completed in its entirety or processing of reimbursement may be delayed or denied.

Member / Eligible Dependent Information			
Member Identification Number	Last Name	First Name	Middle Initial
Address	City	State	Zip Code
Submission Instructions:	<ul style="list-style-type: none">• Complete a minimum of 120 visits per year between January-December. If attending more than once on the same day, visits must be three hours apart.• Submit attendance record. Attendance records must include the name of the fitness center, gym or yoga studio, first and last name of the member/eligible dependent, and dates attended.• Submit a receipt and/or proof of membership costs.• Submit all required documentation listed above to Member Services via mail or fax.• Reimbursement is up to \$200 per calendar year per (1) member and (1) eligible dependent; up to \$400 max reimbursement per year per eligible family.		
Fitness Center Information			
Name	Address	City, State	Zip Code

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of information to Teamsters Health and Welfare Fund of Philadelphia and Vicinity about my gym, yoga or fitness club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for fitness reimbursement within this calendar year.

Member's Signature: _____ Date: _____

Mail this Fitness Reimbursement form and attach all required documentation to:

Teamsters Health & Welfare Fund
Attn: Member Services
2500 McClellan Ave., Suite 140
Pennsauken, NJ 08109

You may also fax this form and required documentation to Member Services at 1-856-382-2402.

