



Fitness Reimbursement Request Form

Instructions

1. Complete all appropriate sections of the form and check the box(es) that applies to your reimbursement request.
2. Please be sure to review and sign page 2 of the form prior to submitting your request. Fidelity fitness facilities are not eligible for the Fitness Reimbursement.

Reminder:

- Proof of payment must be included when submitting claims. Some examples are: credit card receipts stating the store/gym name, receipts from the fitness facility/store, letter from the fitness facility on official letterhead, and/or a payment confirmation from a Web site purchase. You must provide proof of payment for the entire amount for which you are requesting reimbursement.
- Please visit the Healthy Living Programs page on the *Health* tab of www.fmrbenefits.com for complete program information.
- Only one reimbursement request per family, per year up to \$250 will be paid for eligible regular employees or members of their immediate family.
- Please submit claim when expenses paid equal or exceed \$250 for the year.
- Reimbursement form must be mailed no later than March 15th (as evidenced by a postmark) of the following year that expenses were incurred.
- You will receive your fitness reimbursement through your normal payroll distribution process.
- Forms that are incomplete or missing proper documentation will not be processed and will be denied.
- Fitness facility reimbursement requests should include a receipt or letter on gym stationery indicating total amount incurred and paid.
- For reimbursement of multiyear fitness memberships, you must include a receipt or letter on gym stationery indicating total amount incurred and the dates your membership is valid for. You must resubmit for reimbursement and include the receipt and membership dates each year of the multiyear membership.

Employee Information

<input type="text"/>		<input type="text"/>		<input type="text"/>
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Street		City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone Number	Email Address	Date of Hire - <i>please enter</i>		SSN - <i>please enter</i>
<input type="text"/>		<input type="text"/>		

Please indicate the **benefit year** for which your claim is being submitted.
Reminder: only one claim per year per family.

Amount of reimbursement requested (proof of payment of this entire amount must be submitted with claim form).

Fitness Facility Information

<input type="text"/>		<input type="text"/>	<input type="text"/>
Fitness Facility Name		Original Date of Membership	Annual Membership Cost (include any initiation fee and monthly fee)
<input type="text"/>			
Member Name			

Fitness Reimbursement Request Form (continued)

Health Program Fees and Group Exercise Class

☐

Weight Management Class

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Group Exercise Class

Group Exercise Class Criteria: For classes such as Aerobics, Zumba, Muscle Conditioning and Strengthening, and Kick Boxing: Instructors must hold a national group exercise certification, preferably ACE or AFFA. All instructors must be CPR certified. For classes such as Yoga and Pilates: Instructors should have formal training through experience, proven performance, workshops, and classes. Team fees and/or recreational activities and their associated expenses are not reimbursable.

Home Exercise Equipment

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Abdominal Rollers

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Elliptical Machines

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Rowing Machines

☐

Stationary Bikes

☐

Aerobic Steps

☐

Exercise Mats

☐

Slide Boards

☐

Treadmills

☐

Cross-Country
Machines

☐

Free Weights

☐

Stair-Climbing
Machines

☐

Multi-Station
Weight
Equipment

Employee Signature

I verify that the above information is true and accurate. I understand that any reimbursement under the Fidelity Fitness Reimbursement benefit is intended only for eligible regular Fidelity employees or members of their immediate family. I am aware this reimbursement is considered taxable income and will be subject to income tax.

I certify that I have read the policy and contents of this claim form and fully understand the provisions of this benefit.

Employee Signature

Date

Fax or mail the completed form and proof of payment (e.g., a receipt or detailed statement of expenses incurred and paid) to:

Fax Number: 813-830-7900
Mailing Address: Acclaris Reimbursement Center
P.O. Box 25171
Lehigh Valley, PA 18002-5171

Only expenses listed on this form are eligible for reimbursement under the Fidelity Fitness Reimbursement Program. Programs and equipment not specified herein or that are reimbursable under any other medical benefits program, are not eligible for reimbursement. You must be working at Fidelity at the time the claim payment is made from payroll, as well as when the expense was incurred and when the claim was submitted.