Hillcrest Health Services Fitness Center Membership Reimbursement Form

Congratulations on joining a fitness center and working towards maintaining a healthy lifestyle. The Fitness Center Member Reimbursement is available to full-time team members following 90 days of employment.

Complete this form and attach the receipt from your fitness center with the requested information below and send to Team Member Services (TMS) by July 1.

Date:_____

Service Line:_____

Team Member Name:_____

Full-time Hire Date:_____

Fitness Center receipt must show the following:

Fitness Center name
Team member name
Amount paid for individual fitness membership

Reimbursement is $100 per year and will be reduced by applicable taxes in accordance with Internal Revenue Service requirements.

Reimbursement will be issued one time per year on the 2nd paycheck in July.

By signing this form, I agree to complete a minimum of 4 workouts per calendar month. A workout can be any type of activity that involves cardio, yoga and/or strength training.

_____
Team Member Signature Date

_____
Director Signature Date