



2016 Fitness Center Reimbursement Form

www.cityofracine.org/health/wellness

Policy:

The City will reimburse full-time employees and retirees (that carry City of Racine health insurance) for 50% of the annual membership fee for a fitness center membership or group exercise program (i.e. Spin, Jazzercise), up to a maximum of \$200 per employee/retiree.

A receipt (or receipts) from the fitness center for the complete annual amount paid, is required for reimbursement. Partial payments over the year will not be made.

Reimbursements will be made on a quarterly basis depending on when you hand in this form with the receipts. Active employees will receive their reimbursement on their payroll check. Retirees will receive a regular check.

Procedure:

1. Fill out all information on this form.
2. Attach receipt(s) of your payment(s) for Fitness Center or Group Exercise Program.
3. Submit this form to: City of Racine Human Resources
730 Washington Ave. Room 204
Racine, WI 53403

<hr/> Print Your Name

<hr/> Employee #

Check Your Status:	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Retiree*

\$ _____	\$ _____	_____
Total Paid (Receipts Attached)	Total Reimbursement Requested	Gym's Name

***Retiree Current Address:** _____

<hr/> Your Signature	<hr/> Today's Date
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Submit this completed form with receipts, **NO LATER THAN 12/14/2016**, to
 To: City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI 53403
Late forms will NOT be accepted for reimbursement.