



**Poughkeepsie Public Schools
Teachers' Association
Gym Reimbursement**

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND INCLUDE ALL NECESSARY INFORMATION AS NOT TO DELAY CLAIM REIMBURSEMENT.
FORMS SHOULD FAXED TO UMR at 855-405-2189 or mailed to UMR – PO Box 8033 – Wausau, WI 54402-8033

Type of Claim: Gym Reimbursement

About your benefit: Employees are eligible for reimbursement up to \$400 per 12 month period. Spouses are eligible for reimbursement up to \$50 per 12 month period. To expedite the processing of your claim, please complete this claim form and attach a copy of your signed Membership Agreement with the Fitness Facility and a copy of your payment receipt. Without the attached agreement or invoice and payment receipt we will be unable to consider your claim for reimbursement. Reimbursement requests must be submitted within one year after 12 months of gym membership is completed.

Criteria to be met:

- Gym Reimbursement Copy of your signed membership agreement with the fitness facility
- Copy of your payment receipt

Date: _____

Employee Name: _____

UMR Member ID: _____

Group Number: 76413273

Address: _____

Facility where you are an active member: _____

Address of facility: _____

Phone/Fax: _____

This signature below, affirms that all of the information listed above is full, complete, and true to the best of your knowledge.

Members Signature: _____ Date: _____