

Get rewarded for working out!

PetCareRx Fitness Center/Gym Membership Reimbursement Program

PetCareRx employees enrolled in our medical plan can get reimbursed for going to the gym a minimum of 50 times during a 6-month period. That's just an average of 2 to 3 times a week!

Here's how the program works:

- Eligibility: Employees must be enrolled in the PetCareRx group medical plan for the duration of the reimbursement period
- Reimbursement amount: Up to \$200 for each reimbursement period. If the membership cost is less than \$200 for the six months, reimbursement will be for the full cost.
- Reimbursement period: The reimbursement period begins on the date of your initial visit to the gym and ends six months from that date. The next reimbursement period would begin one day after your previous reimbursement period ended.

Here's how the reimbursement works:

- Go to a qualifying fitness center/gym a minimum of 50 times during the 6-month period
 - o A qualifying fitness center/gym is one that promotes cardiovascular wellness. Facilities such country clubs, weight loss clinics, spas, sports clubs are not eligible. If you are not sure about a certain facility, please ask Human Resources.
- Complete the reimbursement form and attach:
 - o your gym membership bill
 - o proof of payment
 - o and if applicable, computer printout of visits
 - *don't forget to have the form signed by an employee of the fitness center/gym*
- Submit the paperwork to Human Resources within 1 month
- Look forward to the reimbursement check!

Gym Membership Reimbursement

Employee Name: _____ Employee Department: _____

Medical Ins. ID #: _____ 6-month Reimbursement Period: _____

Office Location: ☐ Americus, GA ☐ Lynbrook, NY ☐ New York, NY

Fitness Center/Gym Name & Address: _____

Fitness Center/Gym Employee Name: _____

Fitness Center/Gym Employee Signature: _____

Dates of your 50 gym visits:

**We will also accept a computer printout of your visits to the fitness center during the reimbursement period noted above.*

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____
10. _____	11. _____	12. _____
13. _____	14. _____	15. _____
16. _____	17. _____	18. _____
19. _____	20. _____	21. _____
22. _____	23. _____	24. _____
25. _____	26. _____	27. _____
28. _____	29. _____	30. _____
31. _____	32. _____	33. _____
34. _____	35. _____	36. _____
37. _____	38. _____	39. _____
40. _____	41. _____	42. _____
43. _____	44. _____	45. _____
46. _____	47. _____	48. _____
49. _____	50. _____	

Please submit completed form to Human Resources at your office location