

COUNTY OF LEHIGH WELLNESS PROGRAM

HEALTH CLUB MEMBERSHIP ACKNOWLEDGEMENT FORM FOR 2020

Eligible Employees Who Have Elected Medical Coverage

REQUIREMENTS:

- Employee and eligible spouse (if applicable) must be enrolled in Highmark Blue Shield medical coverage and employed by the County for the entire 2020 calendar year.
Employee can be reimbursed up to a total of \$280.00 per calendar year (including spouse) for membership in full-service gyms and/or instructor lead classes whose primary business is a fitness center.
Employee will be eligible for reimbursement by providing the following:
Request for reimbursement may only be submitted once per calendar year and during the year the costs are incurred.
Employee must provide proof of 2020 membership at a health club.
Deadline to submit is Friday, December 4, 2020

Submit Reimbursement Form and receipts to the Benefits Box: LC-FitnessReimbursement@lehighcounty.org

Your gym key fob is NOT proof of membership.

(EMPLOYEE/SPOUSE)

I hereby acknowledge that I/we am/are enrolled in a one-year membership at the health club named below, and I have attached documentation verifying my yearly membership.

Amount to be reimbursed:

Additionally, in 2020 I purchased Athletic shoes for myself and/or my spouse. I have attached receipt(s) documenting the purchase.

Amount to be reimbursed:

Name of Health Club (Please Print)

Employee's Name (Please Print)

Employee's Signature

Employee # / Location

Date

EMPLOYEE/ELIGIBLE SPOUSE (IF APPLICABLE) MUST BE COVERED UNDER COUNTY OF LEHIGH MEDICAL BENEFITS TO BE ELIGIBLE FOR THE HEALTH CLUB FACILITY/GYM SHOE REIMBURSEMENT