



GALVESTON COUNTY GYM MEMBERSHIP REIMBURSEMENT FORM

RULES FOR PARTICIPATION

- GYMS:** Your gym must have electronic tracking capabilities for monitoring the dates and frequency of your workouts.
- WORKOUT FREQUENCY:** You must work out at least nine (9) days per calendar month
- DOCUMENTATION:** You or your gym must be able to produce a printed document from your gym's electronic tracking system reflecting each day you visited their workout facility along with a copy of your membership fee payment receipt. *Handwritten documents will not be accepted.*
- FILING FOR REIMBURSEMENT:** After a month in which you met the "Workout Frequency" requirement, you must submit a completed "Reimbursement Form" (below) along with the printed document from your gym (see 1 & 2 above) and proof of payment to Human Resources.
- REIMBURSEMENT:** This program will reimburse the employee (who is on a County-sponsored medical plan) up to **\$40** for each month you provide proper "Documentation" that you have met the "Workout Frequency" requirement and paid your membership. This is a "reimbursement" program, which means you must pay your membership fee first and then file for reimbursement after you have documentation showing you met all requirements.

EMPLOYEE INFORMATION

Employee Name: _____ ID #: _____

DOB: _____ Phone #: _____

Address: _____

Email: _____

NOTE: Address changes must be given directly to the County for updates.

GYM INFORMATION

Name of Gym: _____

Location: _____ Phone #: _____

GYM ATTENDANCE INFORMATION

MONTH(S): Please check the applicable month(s) in which you are requesting reimbursement:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

YEAR: Please provide the year associated with the months indicated above: _____

SIGNATURE OF AUTHENTICATION

I hereby attest that I personally met all the requirements shown above. I understand that falsifying any of this information may lead to disciplinary action by the County.

Employee Signature: _____ Date: _____

SUBMIT THIS FORM & YOUR DOCUMENTATION TO HUMAN RESOURCES VIA:

- MAIL:** 722 Moody - 3rd Floor, Galveston, TX 77550; or
- FAX:** (409) 770-5351; or
- EMAIL:** HumanResources@co.galveston.tx.us