

Wasatch Wellness Gym Reimbursement Program

Get money for using your gym membership!

Stay in shape with Wasatch Wellness

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, Wasatch Wellness provides reimbursement toward fitness center membership fees.

The reimbursement benefit is limited to Wasatch County School District Employees that work 20 hours or more a week.

Selecting a Gym

To receive reimbursement, you must participate in a gym and/or program that promotes cardiovascular wellness. Memberships in sports clubs, country clubs, weight loss clinics, spas, or other similar facilities will not be reimbursed. For a gym to be considered eligible, it must provide at least one activity from the following list:

Stationary bicycle	Treadmill/ track	Elliptical cross trainer
Group exercise	Tennis/racquetball courts	Yoga / Pool
Strength Equipment	Walking/running group	Rowing machine

Get Reimbursed in 3 Easy Steps.

Session 1: May 1, 2019- Oct 31, 2019

Session 2: Nov 1, 2019 - April 30, 2020

Request must be submitted within 10 days following completed session to be reimbursed.

The following steps must be taken to be reimbursed by Wasatch Wellness after each session:

1. Gym visits -Complete a minimum of **60 visits per session**. Reimbursement= \$75 per session.

Submit ONE of the following:

1. A Gym Reimbursement Visits Form Calendar
2. A computer printout of your visits from the fitness center

2. Verification Form - Submit: Your Name, Address, Work Location, AND Your signature as well as a signature from a facility representative.

(Your documentation must include a signature from a facility representative for verification purposes.)

3. Submit completed paperwork to:

Wasatch County School District
Attn: Tonya McGregor/ Gym Reimbursement
101E. 200N. Heber City, UT 84032

Gym Reimbursement Visits Form Calendar 2019-2020

****All request must be received within 10 days of the sessions end.****

Session 1: May 1, 2019 - Oct 31, 2019

Session 2: Nov 1, 2019 - April 30, 2020

This Reimbursement Visit Form Calendar with 60 visits completed within one of the six month sessions

Date Of Visits	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	51	52	53	54	55	56	57	58	59	60

OR

One of the following pieces of documentation may be used as a substitute for the Gym Reimbursement Visit Form Calendar

- A computer printout of your visits to the fitness center
- Receipts that indicate each time you have visited the fitness center

(Note- Your documentation must include a signature from a facility representative for verification purposes.)

You must also submit the Verification Form when you turn in your Gym Reimbursement Visits.

Gym Reimbursement Verification Form

You must submit the following information **every** session:

Session # _____

Name: _____

Mailing Address: _____

School/Work Location: _____

Name of Facility/Gym: _____

Facility/Gym Employee Signature _____

Facility employee signature above constitutes agreement that the facility promotes cardiovascular wellness. False statements will result in a denial of reimbursement.

My signature below affirms that all of the information I have submitted is full, complete, and true to the best of my knowledge.

Member Signature _____ **Date:** _____