

Augusta Well Together Gym Membership Fee Reimbursement

HOW DOES IT WORK?

- Contact the Augusta Health Fitness Membership Office (540-332-5433) to become a member of the gym if you are not already.
- Scan your card each time you work out at Augusta Health Fitness.
- If you exercise 30 times per quarter, you are automatically reimbursed the full amount of your membership fees on your paycheck. You do not need to do anything special or submit any documentation – we will track your attendance for you.

Quarter:	Reimbursement Issue Date*:
Q1 (January 1 – March 31)	Second Paycheck in April
Q2 (April 1 – June 30)	Second Paycheck in July
Q3 (July 1 – September 30)	Second Paycheck in October
Q4 (October 1 – December 31)	Second Paycheck in January
<i>*If you qualify, reimbursements will be issued on your paycheck under the earnings section labeled "LIFETIME REIMBU"</i>	

Is your office located outside of the SAW area? Do you work remotely?

- Exercise at a fitness center of your choice at least 30 times per quarter.
- Submit the gym fee reimbursement form (pages 2-3 of this document) at the end of each quarter.

Please direct all questions to WellTogether@augustahealth.com

Gym Membership Fee Reimbursement *Offsite /Remote Team Members*

All team members who work outside of the SAW (Staunton, Augusta County, Waynesboro) area are eligible for a gym membership fee reimbursement (not to exceed \$99.00 per quarter) if they exercise at a fitness center of their choice at least 30 times per quarter.

Who Qualifies:

- Team members who are employed at an office practice located outside of the SAW (Augusta County, Waynesboro, or Staunton) area.
- Remote team members with a home office located outside of the SAW area

How To Submit:

1. Provide attendance records from your gym
2. Provide documentation of your monthly membership dues.
3. Complete the form on **page three** of this document and attach your proof of attendance and membership cost. Scan all documents to Welltogether@augustahealth.com on or before the due dates listed below.

DUE DATES:

Quarter:	Form Due Date:	Reimbursement Issue Date*:
Q1 (January 1 – March 31)	First Monday in April	Second Paycheck in April
Q2 (April 1 – June 30)	First Monday in July	Second Paycheck in July
Q3 (July 1 – September 30)	First Monday in October	Second Paycheck in October
Q4 (October 1 – December 31)	First Monday in January	Second Paycheck in January

**If you qualify, reimbursements will be issued on your paycheck under the earnings section labeled "LIFETIME REIMBU"*

Gym Membership Fee Reimbursement Form

Offsite /Remote Team Members

Full Name: _____

Date: _____ Reimbursement Quarter: Q1 Q2 Q3 Q4

Employee ID #: _____ Department: _____

Department/Home Office Location: _____ Monthly Membership Cost: _____

Name of Gym/Fitness Center: _____ Gym/Fitness Center Location: _____

Attendance Record Attached: Yes No Membership Cost Attached: Yes No

I certify that I worked out at the gym on the dates indicated in the attached supporting documentation and the request complies with all reimbursement program rules, terms and conditions listed below.

Employee Signature: _____

Date: _____

Rules/Terms/Conditions:

- Team member must work at an office practice or a home office located outside of the Staunton, Augusta County and Waynesboro area.
- Augusta Well Together will only reimburse the actual cost of the membership fees (not to exceed \$99.00 per quarter). Sign-up fees and annual enrollment fees will not be reimbursed.
- Gym membership fee reimbursements are capped out at \$99.00 per quarter. You will be responsible for any cost that exceeds \$99.00.
- Attendance records and proof of membership cost must be attached in order to be reimbursed.
- All forms must be submitted to welltogether@augustahealth.com on or before the due date. **Late submissions will not be accepted.**