

## GYM/FITNESS CENTER UTILIZATION FORM

The gym/fitness center utilization reimbursement is a voluntary wellness program that allows the college employee to earn \$150 gym/fitness center membership reimbursement for utilizing the facility **at least 25 times each quarter to achieve 100 visits per year**. The employee is responsible for validating their fitness center attendance each quarter and submitting it to their College Benefit's Administrator for credit, no later than the 5<sup>th</sup> day of the next quarter (dates indicated below).

1. Have a fitness center associate enter the number of visits during the specific time period and sign the form.
2. College Employee signs form acknowledging that the information is true and accurate.

|   |                          |
|---|--------------------------|
| <b>MEMBER NAME</b>                                |                          |
| <b>DATES ATTENDED:</b>                            | January 1-March 31, 2017 |
| <b>SUBMIT BY</b>                                  | April 5, 2017            |
| Fitness Center Name                               |                          |
| Fitness Center Address                            |                          |
| Phone   |                          |
| Fitness Associate's Name                          | Title                    |
| Fitness Associate's Signature                     |                          |
| <i>I certify that,</i>                            | <i>had a total of</i>    |
| <i>visits during the time frame listed above.</i> |                          |

Signature of college employee acknowledging that this information is true and accurate:

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|   |                       |
|---|-----------------------|
| <b>MEMBER NAME</b>                                |                       |
| <b>DATES ATTENDED</b>                             | April 1-June 30, 2017 |
| <b>SUBMIT BY</b>                                  | July 5, 2017          |
| Fitness Center Name                               |                       |
| Fitness Center Address                            |                       |
| Phone   |                       |
| Fitness Associate's Name                          | Title                 |
| Fitness Associate's Signature                     |                       |
| <i>I certify that,</i>                            | <i>had a total of</i> |
| <i>visits during the time frame listed above.</i> |                       |

Signature of college employee acknowledging that this information is true and accurate:

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|   |                          |
|---|--------------------------|
| <b>MEMBER NAME</b>                                |                          |
| <b>DATES ATTENDED</b>                             | July 1-Septmber 30, 2017 |
| <b>SUBMIT BY</b>                                  | October 5, 2017          |
| Fitness Center Name                               |                          |
| Fitness Center Address                            |                          |
| Phone   |                          |
| Fitness Associate's Name                          | Title                    |
| Fitness Associate's Signature                     |                          |
| <i>I certify that,</i>                            |                          |
| <i>had a total of</i>                             |                          |
| <i>visits during the time frame listed above.</i> |                          |

Signature of college employee acknowledging that this information is true and accurate:

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|   |  |
|---|--|
| <b>MEMBER NAME</b>                                |  |
| <b>DATES ATTENDED</b>                             | October 1- December 15, 2017                         |
| <b>SUBMIT BY</b>                                  | December 18, 2017 to receive points by program close |
| Fitness Center Name                               |  |
| Fitness Center Address                            |  |
| Phone   |  |
| Fitness Associate's Name                          | Title  |
| Fitness Associate's Signature                     |  |
| <i>I certify that,</i>                            |  |
| <i>had a total of</i>                             |  |
| <i>visits during the time frame listed above.</i> |  |

Signature of college employee acknowledging that this information is true and accurate:

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