Gym Reimbursement Form

Employer: Bloomington Schools ISD #271

Group #: 76416191

PLEASE FAX FORM TO: 1-877-293-4911

OR **email a pdf of your claim and documents to: Jennifer.maciej@umr.com**

Member Name: ____

UMR ID Number:____

Date of Birth: ____

Address: ____

Member Phone number and Email address: ____

Three-month period requested: Start date __________________ **End date**__________________

•**About your benefit:** Effective 7/1/2023. Covered for up to two family members per family. Members must be **18 years** or older. The plan will reimburse $60 per three-month period when members go to the gym 36 or more times during that period. For the gym or program to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list: stationary bicycle, treadmill, elliptical cross trainer, free weights, circuit weight training machines, group exercise, squash, tennis or racquetball, general strength training, step machine, rowing machine, walking or running group, yoga, pilates, and pool.

Dates of up to 36 gym visits*:

1.	10.	19.	28.
2.	11.	20.	29.
3.	12.	21.	30.
4.	13.	22.	31.
5.	14.	23.	32.
6.	15	24.	33.
7.	16.	25.	34.
8.	17.	26.	35.
9.	18.	27.	36.

As a substitute for filling in the dates of your 36+ gym visits on this form, you may submit the pieces of documentation that are listed below as attachments to this form. Your documentation must include a signature from a gym representative for verification purposes.

- **A photocopy of your fitness program card or your records kept on file at the gym, showing membership at the gym**
- **A computer printout or PDF of gym records showing the dates of your visits to the gym for this three month time period**

Name of Facility: ____

Facility Employee signature: ____

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. Member signature below affirms that all the information listed above is full, complete, and true to the best of the member's knowledge.

Member signature: __________________________________ **Date:** ____________________