



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 (effective 04/01/2015). *Prior to 03/31/2015, the requirement was 3 days per week, 3 weeks a 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. *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) to Boon-Chapman.
- REIMBURSEMENT:** This program will reimburse the employee (who is on a County-sponsored medical plan) **\$40** for each month you provide proper "Documentation" that you have met the "Workout Frequency" requirement. 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: _____ SSN: _____

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 BOON-CHAPMAN VIA:

- MAIL:** 24 Waterway Ave, Suite 650, The Woodlands, TX 77380; or
- FAX:** (855) 516-8529; or
- EMAIL:** gyms@boonchapman.com