UMR

Mamaroneck Union
Free School District
Gym Reimbursement

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND INCLUDE ALL NECESSARY
INFORMATION AS TO NOT DELAY CLAIM REIMBURSEMENT.
FORMS SHOULD FAXED TO UMR at 855-405-2189 or mailed to UMR – PO Box 8033 – Wausau, WI 54402-8033

Type of Claim: ☒ Gym Reimbursement

About your benefit: Employees/retirees and their eligible spouses are eligible for reimbursement for certain exercise facility fees or membership fees, but only if such fees are paid to the exercise facilities which maintain equipment and programs that promote cardiovascular wellness. In order to be eligible for reimbursement, you must be an active member of the exercise facility and complete 50 visits in a six-month period. In order to obtain reimbursement at the end of the six-month period, you must submit this completed reimbursement form with a copy of your current facility bill which shows the fee you paid for membership, including documentation of 50 visits within a six-month period. Without the required documentation listed below, we will be unable to consider your claim eligible for reimbursement. Reimbursement requests must be submitted to UMR no later than 180 days from the last date of the six-month period for which you are asking for reimbursement. Requests received after this date will not be reimbursed. We cannot accept requests for reimbursement before your six-month program end date, even if you have completed the required number of qualifying workouts before this date.

Required Documentation:

- ☐ Copy of your signed membership agreement with the fitness facility
- ☐ Copy of your payment receipt for the six-month period
- ☐ Proof of attendance for the six-month period

Date: _____

Employee/Dependent Name: _____

UMR Member ID: _____

Group Number: 76412995_____

Address: _____

_____

Facility where you are an active member: _____

Period of membership/attendance for
which reimbursement is requested: _____

Address of facility: _____

_____

Phone/Fax: _____

This signature below affirms that all of the information listed above is full, complete, and true to the best of your knowledge.

Member's Signature: _____   Date: _____