



Driving the Connection Between Benefit Knowledge and Benefit Power

## Health Club Reimbursement Program Form

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Self-Service ID: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Hire Date: \_\_\_\_\_

I am requesting a Health Club Reimbursement in the amount of \$ \_\_\_\_\_ (maximum net of \$250). I certify that the attached documents are correct and that these expenses were considered eligible based on the guidelines outlined below. I understand that this reimbursement is considered taxable under current Internal Revenue Service regulations, however, in order to receive the maximum benefit of this program, my reimbursement will be grossed up in my paycheck and that the total grossed up amount will be included on my Form W-2 for the appropriate tax year.

### Health Club Reimbursement Program Eligibility

All active employees working outside of the Northbrook, Scottsdale, and Tri-State facilities, and who work at least 20 hours per week, are eligible for the \$250 reimbursement. Northbrook, Scottsdale, and Tri-State employees are not eligible because they have daily access to a free, on-site facility.

### The terms of the Health Club Reimbursement Program are as follows:

- Eligible expenses must not have been incurred prior to your hire date. No reimbursements will be made during the employee's first 90 days of employment.
- Reimbursement is provided once per rolling calendar year (every 12 months). For example, if you receive reimbursement in December of 2005, you will not be eligible for reimbursement again until December of 2006.
- Reimbursements will be processed as soon as administratively possible, on a monthly basis. Generally, any reimbursement forms received by the 1st day of a month, will be processed during the following month.
- Caremark will reimburse eligible employees for eligible health club expenses incurred up to a net maximum of \$250 (taxable). Any amount reimbursed up to the maximum amount will be processed through the employee's regular payroll cycle, and will be grossed up in order for employee to receive the full reimbursement amount.
- If an employee is reflected as being terminated in the payroll system at the time the reimbursement is scheduled to be paid, the former employee is not eligible for reimbursement, as he/she is no longer actively employed by Caremark.
- Employees may submit receipts and be eligible for reimbursement once per quarter, up to the \$250 annual plan limit.
  - For example, if you pay your health club fees on a monthly basis, you may submit your monthly receipts once per quarter for reimbursement.
- Reimbursements apply only to the eligible employee, and receipts must clearly reflect the membership cost for the employee. If the cost is included as part of a family membership, the receipt must be itemized, or it will be returned.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Benefits Approval Signature*

\_\_\_\_\_  
*Scheduled Date of Reimbursement*

**Please send original completed form and documentation to:**

Caremark Benefits Center  
 Attn: HCRP Administrator NBT-9  
 2211 Sanders Road  
 Northbrook, IL 60062