



FITNESS PROGRAM REIMBURSEMENT REQUEST

Tompkins County employees may be reimbursed for fitness facility membership or participation in structured classes such as strength training, yoga or pilates. All classes must be held at a certified facility. Employees will be reimbursed for pre-paid, completed, and consecutive 6 or 12 month membership or participation. A receipt or statement of payment from the facility must be submitted with the request for reimbursement no later than 90 days after the completion of membership or classes. Amount of reimbursement: \$100 for 6 months; \$200 for 12 months.

I am requesting reimbursement for 6 months 12 months (check one)

Section 1. Employee

Name _____

Department _____

Phone _____ Email _____

Section 2. Group fitness activity or membership covered by this request*

a) Name of the fitness facility or group fitness class _____

b) Location where fitness activity was provided _____

c) Program contact person and phone number _____

d) Date of fitness activity or membership covered by this request:* START ___/___/___ END ___/___/___

***REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN NINETY (90) DAYS OF THE COMPLETED ACTIVITY OR MEMBERSHIP. REQUESTS WILL NOT BE HONORED AFTER 90 DAYS.**

Section 3. Health Club Fees

The IRS has ruled that fees paid to a health club are a personal expense and therefore taxable. However, fees incurred for the purpose of preventing or alleviating specific diseases are considered a medical expense and are therefore tax-free. If you have been prescribed physical activity at a health club to prevent or alleviate a specific disease, please have your physician certify below. If certified, your fitness club reimbursement of \$100 or \$200 will be paid to you by separate check (non-taxable). If a physician has not certified your health club membership, your reimbursement will be considered part of your gross pay and therefore taxed.

a) I hereby certify that _____ (employee name) was advised to join a health/fitness club to improve physical health. In my professional judgment, membership in and use of a health club is primarily to "prevent or alleviate" a specific disease such as heart disease, high blood pressure or obesity (per IRS Code Section 213).

Physician's Signature _____ Date _____

Section 4. Please answer the following questions by circling "Yes" or "No"

I have been a Tompkins County employee during the entire group fitness activity or membership indicated by the dates in Section 2, above. YES NO

I completed a Physical Activity Readiness Questionnaire (PAR-Q) or equivalent provided by the fitness facility or group fitness instructor prior to the start of this activity/membership. YES NO

The fitness facility or group fitness class had an emergency plan in place to respond to medical emergencies. YES NO

I have already completed and paid for the full 6 or 12 months of the membership covered by this request. YES NO

I completed the program within the last 90 days. YES NO

I have attached official proof of payment issued by the membership described in Section 2, above. (Receipt or statement; photocopies accepted.) YES NO

If you have answered "no" to any of the above questions, please comply with the criteria before submitting your request. **Please complete form and send reimbursement request via inter-office mail to Karen Johnson at the Tompkins County Health Department.**