



## IBEW Local 400 Wellness Fitness Reimbursement Form

Name of Person Requesting Reimbursement: \_\_\_\_\_

Relationship to Local 400 Welfare Fund Employee Participant: Self \_\_\_\_ Spouse: \_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Members Last 4 Digits of Social Security Number: \_\_\_\_\_

Amount Eligible for Reimbursement: \_\_\_\_\_

Describe the Wellness Program or Activity you are seeking reimbursement for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit any receipts or certificates of completion with reimbursement form.**

Please e-mail Reimbursement Form along with receipts to:

[wellness@ibew400wellness.com](mailto:wellness@ibew400wellness.com)

*Disclaimer: If you are submitting this form for gym reimbursement, you are agreeing to the terms of a qualifying gym. To receive reimbursement, you must participate in a gym and/or program that promotes physical activity. For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness.*