

**U.S.W. LOCAL 10-00086 MERCK EMPLOYEES  
HEALTH AND WELFARE FUND  
FITNESS REIMBURSEMENT PROGRAM**

**REIMBURSEMENT FORM**

Complete this form and mail or email along with required documentation **within 90 days of the end of your 365-day eligibility period** to:

U.S.W. Local 10-00086 Merck Employees H&W Fund  
c/o Margie Horton  
*richard Gabriel associates*  
601 Dresher Road, Suite 201  
Horsham, PA 19044

**You will automatically be enrolled in the program for your next consecutive 365-day eligibility period.**

Employee: \_\_\_\_\_ Employee WEIN: \_\_\_\_\_

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

Name of Person Eligible for Reimbursement: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

The above person eligible for reimbursement has:

- ▶ Completed 120 workouts at an Approved Fitness Center during the 365-day eligibility period
- ▶ Attached the Logbook or Approved Fitness Center computer printout of the workouts signed by a representative from the Approved Fitness Center
- ▶ Attached proof of payment

**I verify that the following information is true and accurate and understand that if the information is not true and accurate a reimbursement will not be made or, if paid, the Fund may request a refund of the reimbursement.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>For Office Use Only:</b>	
Eligibility Period _____	Visits _____
Approved _____	Not Approved _____
Signed: _____	Date: _____