

P. S. E. A. HEALTH TRUST

APPLICATION FOR FITNESS EXPENSE REIMBURSEMENT

Application for reimbursement of costs related to the purchase of personal exercise equipment for purchase of a membership at a health club or fitness facility as outlined in the PSEA Health Trust Fitness Incentive Plan.

I understand that the goal of this program is to achieve a higher fitness standard than currently exists. I also understand that the Trust has not designed a monitoring procedure and that reimbursement for said costs is based on the good faith promise that I and/or my family will use the reimbursed funds for the stated purpose and goal of this program.

Fill in all applicable spaces below with the requested information.

PLEASE PRINT CLEARLY OR TYPE

1. Purpose of reimbursement (please circle one):
Equipment purchase Health Club membership
2. Amount of reimbursement requested: _____
Amount indicated should be 1/2 expenditure, not to exceed \$250.00
3. Equipment description or name of club: _____
(Include receipt or bill showing date of purchase (months of membership at a health club))
4. Your name _____
5. Social Security Number _____
6. Residence Mailing Address _____
7. City, State, Zip: _____
8. Home Phone Number _____

SIGNATURE _____

Please mail or fax this page and all receipts to:

THE HEALTH TRUST
P.O. Box 93870
Anchorage, AK 99509
907 561-5119 Fax 907 561-4802