



# CITY OF GALVESTON GYM MEMBERSHIP INCENTIVE REWARD CLAIM FORM

Administered by Professional Enrollment Concepts (PEC)

## RULES FOR PARTICIPATION

- GYMS:** Your gym must have electronic tracking capabilities for monitoring the dates and frequency of your workouts.
- WORKOUT FREQUENCY:** You must work out at least nine (9) days per calendar month (effective 01/01/2016). *Prior to 01/01/2016, the requirement was 3 days per week, 3 weeks a month.*
- DOCUMENTATION:** You or your gym must be able to produce a printed document from your gym's electronic tracking system reflecting each day you visited their workout facility. *The only handwritten documentation accepted is the City's official gym sign-in sheet. Handwritten documents must be filled out completely to be considered.*
- FILING FOR THE REWARD:** After a month in which you have met the "Workout Frequency" requirement, you must submit a completed "Reward Claim Form" (below) along with the printed document from your gym (see above) to Professional Enrollment Concepts.
- REIMBURSEMENT:** This program will make payment to the employee **\$40** for each month proper "Documentation" has been provided showing the "Workout Frequency" requirement has been met. This reward is only payable to the employee and will be reported as taxable income. Submit previous years claim by January 10th of the next year in order to qualify.
- DIRECT DEPOSIT:** All reimbursements will be directly deposited into your bank account. **NOTE: You must supply a copy of a voided check or information from your financial institution on official letterhead with your first Reimbursement Submittal to the administrator PEC.**

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Last 4 of SSN: XXX-XX-

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**NOTE:** Address changes must be given directly to the City's Human Resources for updates.

Email: \_\_\_\_\_

## GYM INFORMATION

Name of Gym: \_\_\_\_\_

Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

## GYM ATTENDANCE INFORMATION

**MONTH(S):** Please check the applicable month(s) in which you are requesting reimbursement:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**YEAR:** Please provide the year associated with the months indicated above: \_\_\_\_\_

## SIGNATURE OF AUTHENTICATION

I hereby attest that I personally met all the requirements shown above. I understand that falsifying any of this information may lead to disciplinary action by the City.

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

**SUBMIT THIS FORM & YOUR DOCUMENTATION TO Professional Enrollment Concepts VIA:**

- A. **MAIL:** Attn: Gym Membership 13750 San Pedro Ave Suite 550 San Antonio, TX 78232; or
- B. **EMAIL:** gyms@pecworksite.com