

P.S.E.A. HEALTH TRUST FITNESS INCENTIVE PLAN

PURPOSE: The purpose of this program is to assist and encourage all persons who are covered by the PSEA Health Trust to achieve and maintain good physical fitness.

GOAL: The goal of this program is to lower the overall health costs to the Trust and the members by elevating the overall fitness of the entire group.

SCOPE: The scope of this program is to assist Health Trust members and their families to purchase personal exercise equipment, or to subsidize the cost of yearly memberships at a health or fitness club of their choice.

DURATION: This program will be in effect for calendar year 2000. Renewal and adjustments of this program shall remain the sole discretion of the PSEA Health Trust Board of Trustees.

PROGRAM

The Health Trust may reimburse each family/individual member, a portion of the cost of exercise equipment purchased, or a portion of the yearly costs of a health club membership. The amount of reimbursement shall be up to **50% of the total cost** of an annual health club membership. **The maximum amount reimbursable** during the calendar year is **\$250.00 per member and/or family.**

PURCHASE OF EQUIPMENT: The equipment purchased must be for the purpose as stated above, and it may be items that are designed for either indoor or outdoor usage. Types of indoor equipment would be those items that are most commonly found in a health club facility, i.e.: treadmills, stair steppers, rowing machines, “Nordic Track® type cross training equipment,” free weights, universal type weight machines, and stationary bikes.

Examples: Outdoor equipment, cross country or downhill skis, roller blades, bicycles, etc. **Any type of firearm or fishing gear will not** be considered appropriate pieces of exercise equipment. Any claims for reimbursement of exercise equipment purchased are subject to review and approval of PSEA Health Trust Board of Trustees, whose decisions are final.

To receive reimbursement, you must fill out the enclosed Application for Reimbursement form, filling in all appropriate areas, indicating what type equipment was purchased, and the total purchase price. You must also submit a receipt: or a bill of sale showing the amount paid for the equipment purchased. Purchase of 'second hand' or 'used' equipment will be allowable, however, receipts or a bill of sale will also be required for those purchases.

Members may submit a request for reimbursement only once during the calendar year, however, members may wait until they have made all of their purchases before submitting a claim for reimbursement.

Example: If you purchase a pair of cross-country skis in January for \$200.00, and you purchase a mountain bike in July for \$400.00, you may then submit your claim for reimbursement of items purchased totaling \$600.00 in which case you would receive the maximum allowable reimbursement of \$250.00 for the calendar year.

Members may not carry over a balance of unspent monies from one year to the next, i.e.: If you made a purchase and submitted a claim for less than the maximum amount of reimbursement in 1999, you cannot carry over the unspent or unused portion of that money for use in 2000.

PURCHASE OF HEALTH CLUB MEMBERSHIP: members may sign up for an individual or family membership at a health club or fitness center of their choice. The maximum reimbursable amount is up to 50% of the total **cost not to exceed \$250.00** in a calendar year. Therefore, if you join a club and the total yearly cost is \$400.00, you will be eligible to receive \$200.00 in reimbursement. If the total cost exceeds \$500.00, then you will be eligible to receive the **maximum reimbursement of \$250.00**. Members may not submit a claim for reimbursement until they have paid their own funds to the respective health club or fitness facility. As with the purchase of personal exercise equipment members are required to submit copies of receipts, or monthly billing statements indicating the amount they have paid.

The Health Trustees encourage you to take advantage of this plan, and wish you and your family good health.

PSEA Health & Welfare Trust

Health Trust Incentive Plan

The following is a list of equipment that will qualify for reimbursement under the PSEA Health & Welfare Trust Health Incentive Program. This list is not meant to be all-inclusive and there may be other bonafide purchases that may be approved by the Trustees. Reimbursement requests for equipment other than listed may need to wait until the next regularly scheduled Trustee meeting for a decision. Keep in mind; if you purchase an item that is not on the following list, it may not be approved.

Members in the Health Trust Incentive Plan may submit receipts (copies are acceptable) for reimbursement of 50% of the purchase price up to a total of \$250.00 subject to the following purchasing restrictions.

Approved Equipment

Indoor rowing machines
Indoor/outdoor bicycles
Universal Gyms (Total gym, bowfelx, solofex, etc.)
Free weights w/benches and accessories
Abs & Back exercising equipment
Treadmills
Stairmasters
Cross Country Skis
Roller Blades

Approved Apparel

Running Shoes
Hiking Boots

Other

If a member is trying to stop smoking by utilizing patches or some other recognized method, the Trust will allow the member to use this program under the same guidelines as other purchases for that purpose.

Health Club Membership

This has always been approved.

Not approved Recreational Activities

There are a number of activities such as dance lessons, judo or karate classes, and kayak instruction, etc. that may require some exercise. While we certainly believe recreation is important to good health and encourages it, that was not the intent of this particular program and such activities will not be reimbursed in the future.

Submission for Reimbursement Time Frames

As a reminder, requests for reimbursements can only be submitted once per calendar year. The Trust will accept requests for reimbursement for the previous year only until the **31st of January**. Any requests received after that time will not be processed.

End Notes:

The Trustees are very supportive of this program, however, we feel that certain controls need to be maintained in order to reach our goal, which is better physical fitness thus lowering our health costs. This program's continuance is based on the financial health of the plan as well as the improved fitness of our members covered under the plan.

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 ½ 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:

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