



Advisory Council on Career and Life Strategies (ACCLS)

Health & Wellness Taxable Reimbursement Program

January 1, 2017 – June 30, 2017

Fitness Center and Weight Management
Taxable Reimbursement Program



Advisory Council on Career and Life Strategies (ACCLS) Health & Wellness Program Taxable Reimbursement Program

The Advisory Council on Career and Life Strategies (ACCLS) recognizes that your health is important. Regular exercise and weight management have been shown to improve health, reduce stress, and fight obesity; however, memberships can be expensive. The ACCLS wants to help you by reimbursing eligible employees for gym memberships or weight management programs up to \$100.00 from January 1 to June 30, 2017.

Gym memberships and/or Weight management programs don't have to be through GlobalFit. Any programs/fitness facilities in the community are eligible for the reimbursement.

Please note: all health and wellness reimbursements received from this program are taxable.

Eligibility Requirements

- Applicants for reimbursements must be Verizon employees, who are represented by IBEW local 827 in NJ and PA.
- Applications and accompanying proofs of payments must be submitted to the address listed on the bottom of the form.
- Reimbursement submissions must be postmarked on or before June 30, 2017.
- "Proof of payments" is defined as receipts and paid contracts for fitness memberships or weight loss programs covered by this program.
- Contracts and proof of payments must be incurred in the name of the Verizon employee requesting reimbursement.
- The costs for family fitness memberships are eligible for reimbursement, provided that the Verizon employee's name is the primary member listed on the contract.
- The fitness or weight management contracts, receipts, and accompanying documents must show the applicant incurred eligible expenses between January 1, 2017 and June 30, 2017.

How do I apply?

Applications are available on the web (www.ACCLS.com). Here are the steps to follow:

1. Complete the application for reimbursement.
2. Submit a copy of your completed application together with all supporting documents (e.g., a membership contract and proof of payments/receipts incurred in the applicant's name).
3. All supporting receipts must show payment was made between January 1, 2017 and June 30, 2017.
4. Applicants may submit eligible expenses on a monthly basis or submit all expenses at one time; however, reimbursements will be disbursed after this program closes at the end of June 2017.
5. All receipts must be submitted along with a copy of the employee's application.
6. All applications for reimbursement and accompanying receipts must be postmarked on or before **June 30th, 2017**.
7. Applications can be emailed as an attachment to nancy.1.davis@verizon.com, with "Wellness Reimbursement" in the subject line of the email.

How much will I receive from the fund?

You may be reimbursed up to \$100 in your paycheck towards all eligible expenses incurred between January 1, 2017 and June 30, 2017. Provided your application and accompanying receipts are in order, you will receive your taxable reimbursement for up to \$100 after June 1, 2017.

Liability Statement

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and IBEW are neither responsible nor liable for any injuries or damages of any nature suffered as result of the acts or omission of a provider of care in the operation of its business.

My eligibility for reimbursement expires upon my termination of employment with Verizon.

Verizon and IBEW retain the right to change the eligibility requirements or amount of reimbursement, as well as any other provision, including discontinuation of the program at any time.

This is a Taxable Wellness Reimbursement Program for Employees represented by IBEW locals 827 and 1944.

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Complete **ALL** information. Your application **WILL BE RETURNED** if any information is missing. Please print clearly or type.

Employee Name					
Employee ID (found on paystub or eweb)			Enterprise ID (found on eweb)		
VZID					
Home Address					
City		State		ZIP Code	
Home Phone					
Work Address					
City		State		ZIP Code	
Work Phone		Cell Phone			
Email			Marital status		Single Married
Provide local # IBEW Local _____					
Type of Program		Fitness		Weight Management	
Fitness or Weight Management Provider Name					
Provider's Tax ID Number					
Provider's Address					
Provider's Phone Number					
Cost for membership					
Please circle type of payment		Annual	Monthly	Weekly	Drop-In Other
Contract effective date					
Contract termination date					

You **MUST** attach a copy of contract and detailed receipts. Only **original** applications accepted.

Employee Authorization:

I, (Print Name) _____ request reimbursement for the eligible fitness/weight management expenses listed above. My signature signifies I have read the criteria of the Wellness Reimbursement Program and agree to abide by them.

By signing and submitting application, I certify the information that I have provided on this form(s) is true and accurate. I further understand that supplying false information on this form may jeopardize my continued participation in the Advisory Council on Career and Life Strategies (ACCLS).

Employee Signature	Date
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**Send form and receipts to:
nancy.1.davis@verizon.com
No later than June 30, 2017**

**Questions?
Call Nancy Davis:
732 462-2257**

