

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 \$200.00 from January 1 to December 31, 2024.

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 827 in NJ and PA.
- Applications and supporting documents must be submitted to the email address listed on the bottom of the form.
- Reimbursement submissions must be emailed on or before December 31, 2024
- “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 cost 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, 2024 and December 31, 2024.

How do I apply?

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

1. Complete and sign 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, 2024 and December 31, 2024.
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 December 2024.
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 emailed on or before December 31, 2024.
7. You will only receive reimbursement for the receipts received.
8. All applications can be emailed to Carolyn.M.Morehouse@verizon.com. If you have any issues with emailing the application, please call the ACCLS at 7324622257.

How much will I receive from the fund?

You may be reimbursed up to \$200 in your paycheck towards all eligible expenses incurred between January 1, 2024 and December 31, 2024. Provided your application and accompanying receipts are in order, you will receive your taxable reimbursement for up to \$200 after December 31, 2024.

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 local 827.
Advisory Council on Career and Life Strategies (ACCLS)**

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)			
Home Address						
City		State		ZIP Code		
Home Phone						
Work Address						
City		State		ZIP Code		
Work Phone		Cell Phone				
Email						
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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Please return no later than 12/31/2024 Please send form and receipts to Carolyn.M.Morehouse@verizon.com Any Questions? Please call Carolyn Morehouse at (732)462-2257.

