CITY OF FORT WAYNE HUMAN RESOURCES

Employee Name *(printed)*	Employee ID#
Contact Number(s)	Spouse Name
Monthly Amount	Additional Fees *(if applicable)* Monthly: Annual:
Employee Signature	Date Completed

3 EASY STEPS

Keep in mind, you must attend a minimum of 4x per month to be eligible for reimbursement. The $400 benefit is divided equally and the maximum reimbursable amount per month is $33.33 (or the cost of the membership if less than this amount).

1. Employee completes top portion of form (blue section).
2. Representative from facility completes bottom portion of form (green section).
3. Submit the completed form DIRECTLY TO AGA. No other documentation is needed—submit only the completed form.
   Mail: 7605 Westfield Drive, Fort Wayne IN 46825 | Fax: 260-489-0365

REIMBURSEMENT CHECKS

All reimbursements for active employees are considered taxable income and will be done directly on the employee's pay check. Claims should be submitted to AGA no later than the 20th of each month for reimbursement the following month.

BOTTOM PORTION TO BE COMPLETED BY GYM CLUB FACILITY

Facility Name	Facility Phone
Representative Name *(printed)*	
Representative Signature	Date Completed

	CITY EMPLOYEE INFORMATION		EMPLOYEE SPOUSE INFORMATION	
MONTH	Employee Name	Visits	Spouse Name	Visits
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				