

2018-2019 PACE PROGRAM APPLICATION

Employee/Retiree Name: _____

Signature: _____

Spouse Name: _____
(If eligible for reimbursement)

Home address: _____

City: _____ State: _____ Zip code: _____

Home telephone: _____

Building/School: _____

E-mail address: _____

Name of facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date joined: _____

Membership Expires: _____

Contract terms and cost: \$_____ yearly/quarterly/monthly

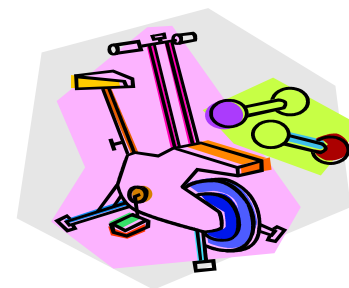
Did you attach:

Proof of payment _____ Attendance verification _____
Doctor's note _____ **MAKE A COPY FOR YOUR RECORDS**



SCHOOL CITY OF HAMMOND
WELLNESS PROGRAM

**PHYSICALLY
ACTIVE COMPANY
EMPLOYEE**



P.A.C.E. Program

**Welcome to
the SCH Wellness Program's
P.A.C.E. Program**

THE PACE PROGRAM IS: an exercise/fitness membership reimbursement program for SCH insured employees, their insured spouses, and insured retirees.

Requirements for 2018-2019 year:

- **A completed application must be filled out by a full time insured employee and their spouse with a maximum reimbursement of \$200 per person of PAID membership fees.** Applications must be complete and submitted to the insurance office between June 1 and 15, 2019. **No exceptions will be made.** **No electronic versions will be accepted.** Please print your information and submit hard copies. **All applications are subject to verification by SCH.**
- **A minimum of seventy-eight (78) visits annually must be documented and submitted along with completed application and proof of payment in order to be eligible for reimbursement.** Reimbursement period runs from 6/1/18 to 5/31/19. **No proration for partial year membership if 78 visits have not been obtained.**
- **Any exercise/fitness facility is allowed.** A list of fitness centers offering discounted corporate memberships is available on the SCH web site.
- **Exceptions for medical issues, in regards to attendance rules, must be made in writing to the insurance office and must include a doctor's note.** Decisions will be made on a case by case basis by the Wellness Committee.

Reimbursement

- **Reimbursement will be issued during the month of July.**
- **Reimbursements for spouses will be made payable to the employee only and will be sent to your home address.**
- **As a "reimbursement program" you will be eligible only for costs paid for facility use.**

STEPS TO APPLY FOR REIMBURSEMENT?

- 1. Complete the application on the back panel for person eligible for reimbursement and send to the Administration Center, insurance office no later than June 15, 2019.**
- 2. Proof of payment (invoice or payment history) at an exercise/fitness facility.**
- 3. Attendance information on a company's letterhead will suffice and MUST include specific amount of visits completed during reimbursement period. No exceptions will be allowed.**
- 4. Failure to submit requested documentation by June 15, 2019 will result in the DENIAL of your reimbursement. Please copy this form for YOUR RECORDS before sending as proof of submission.**