

## 2010-11 PACE PROGRAM APPLICATION

Employee/Retiree Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
(If eligible)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Building/School: \_\_\_\_\_

Work telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date joined: \_\_\_\_\_

Membership Expires: \_\_\_\_\_

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

Type of documentation of membership attached:

Contract/membership card/Letter on letterhead

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Office Use Only

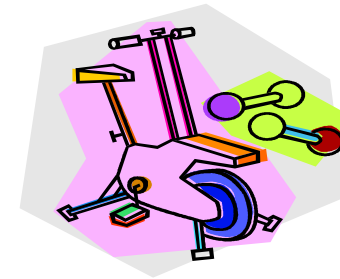
Acct. Number: 26450-240-099-018

Vendor Number \_\_\_\_\_



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 full-time SCH employees, their insured spouses and insured retirees.

**Requirements for 2010-11 year:**

- Full time employees and their spouses, who are enrolled in the School City of Hammond insurance program. A minimum of seventy-eight (78) or 1.5 visits per week must be documented annually. Submission of a completed application, proof of payment, and attendance are also needed.
- There is a maximum reimbursement of \$200 per person of PAID membership fees. Reimbursement periods run annually from 6/1 to 5/31. Applications must be complete and received by the benefits office no later than June 15, 2011. No exceptions will be made. All applications are subject to verification by SCH.
- Any medical exceptions for attendance must be made in writing, to the Benefits office when injury/illness occurs. Decisions to exempt attendance criteria will be made on a case by case basis by the Wellness Committee.
- *For more information on a list of fitness centers offering discounted corporation memberships, please check the school web site.*

- Any exercise/fitness facility is allowed with several facilities offering discounted corporation memberships to SCH employees.

**Reimbursement**

- Reimbursement will be issued on or after July 1st upon submittal of application and required documents.
- Reimbursements for spouses will be made payable to the employee and will be sent to their home address.
- As a "reimbursement program" you will be eligible only for costs paid for facility use.

**HOW MAY I APPLY FOR THE PROGRAM?**

Complete the application on the back panel for each person eligible for reimbursement and send to the Administration Center, insurance office:

- The application along with proof of payment (invoice or payment history) at an exercise/fitness facility. Send a copy of the facility's contract or document showing the date you joined, duration of the membership, cost of the membership, and attendance verification. Attendance information on a company's letterhead will suffice.
- Forward this COMPLETED application to SCH Insurance Department no later than June 15, 2011. Failure to submit ANY OR ALL of the requested documentation will result in the DENIAL of your reimbursement. *Please copy this form before sending as proof of submission.*