

2016-2017 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

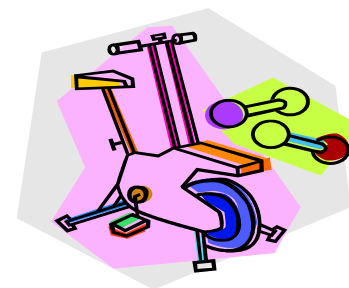
Did you attach:

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 2016-2017 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 received by the insurance office no later than **June 15, 2017**. No exceptions will be made. 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 6/1/16 to 5/31/17. 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, 2017**.
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, 2017** will result in the **DENIAL** of your reimbursement. Please copy this form for YOUR RECORDS before sending as proof of submission.