

FOR FULL-TIME REGULAR, US-BASED EMPLOYEES OF CIEE, INC.

# Fitness Membership Reimbursement Benefit Program

#### **Objective**

CIEE encourages employees to achieve and maintain a healthy lifestyle through physical fitness. When employees improve their physical bodies, they increase their productivity at work, morale is higher, and illness is not as prevalent.

#### **Eligibility**

Fitness membership reimbursement is available to full-time, regular, US based employees of CIEE. This program does not apply to dependents. Eligibility begins on the first of the month following date of hire.

### What kind of memberships may qualify?

Any health club, fitness program (such as yoga, Zumba etc.) where you pay a monthly or annual fee. At-home fitness programs that are paid by a monthly or annual fee also qualify.

#### What does not qualify?

Fees for personal training, lessons, coaching and exercise equipment or clothing purchases will **not** be covered.

Recreational activities, weight-loss programs and other similar programs, although encouraged as part of an overall fitness program, do not qualify.

#### **Policy**

Employees will be reimbursed up to \$25 per month for an eligible, individual membership where the fees are above \$20 per month (employees are responsible for the first \$20/month). Employees with a family membership at a fitness center must provide documentation for an individual membership and will be reimbursed based upon that amount.

Employees will be reimbursed directly **from CIEE** on a quarterly or annual basis. Reimbursement is based on your total receipts and is processed during the next available paycheck after all necessary documentation is received.

Retroactive reimbursements are allowed for monthly memberships going back up to 90 days.

### **Tax Liability**

The amount reimbursed to employees will be reported as taxable income to the Internal Revenue Service and is subject to FICA, Medicare, federal, state, and local taxes. Each quarter, all reimbursements which are paid to participating employees will be reflected as gym reimbursement income on payroll for tax liability.

#### **Additional Information**

Employees should consult with a physician before beginning a physical regimen.

#### **Definitions**

- <u>Full-time, regular employee</u> Employee working 32 hours or more/week.
- <u>Dependent</u> Spouse/Domestic Partner, Child
- US-based staff any US-based employee.
- "Annual Fee" refers to a membership that is paid in one lump sum for the full year

## **Simply Send to HR Benefits:**

- Completed Fitness Reimbursement Form
- Documentation of individual membership fee
- Dated receipts from your health club or copies of bank or credit card statements (black out any reference to account or credit card numbers) showing:
  - The Employee's name
  - Individual charges of each fitness membership fee
- Sign, date and email the completed Fitness Reimbursement Form and the above information to HRBenefits@ciee.org:
- If you have any questions, please contact HRBenefits@ciee.org.

CIEE reserves the right to change the policy contained within, at any time for any reason. Employees will, of course, be notified of such changes as they occur.

Note: If services are denied, a denial notification will be emailed to your company email address. Please be sure to keep copies of your form and receipts. HR Benefits will not return any receipts or claim forms. The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.



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# Fitness Membership Reimbursement Form

# PLEASE PRINT ALL INFORMATION CLEARLY

Employee ID Number	Last Name	First Name	2	Middle Initial
Home Address - Number	& Street	City	State	Zip Code
		ABOUT YOUR BENEF	:IT	
_	me US-based Employee			
<ul> <li>Coverage is for emplo</li> <li>No required limit on §</li> </ul>	yee only (not spouse o	r children).		
		ee is NOT reimbursable.		
	•	e reimbursed up to maximum o	of \$25 per month.	
<ul> <li>Reimbursement will b lump sum.</li> </ul>	e either at the end of the	e quarter for monthly subscription	ons or the end of the y	year for annual subscriptions paid in a
	INFORMATION	REQUIRED (Attach itemized	receipts)	
•	Fitness reimbursem	ent claim form		
•	Documentation of t	the cost for individual members	ship	
•	•	e., Receipt from the Facility or ows actual payments for each r		
Name and Address of He	alth Club or Fitness Pro	gram		Dates of Service:
Total number of receipts	attached:T	otal Charges: \$		
Total Reimbursement A	mount Requested: \$_			
All fitness reimbursemer	nts will be processed	through the next available p	aycheck after all n	ecessary documentation is receive
Employee Signature:			Date:	
	•	eceipts to the below address your submission, please con	•	
The Fitness Benefit is availabl	e to U.Sbased employee	s of CIEE, Inc. only.		
		HR Benefits Use Only	W	
		The Deficines doc Only	y	

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