Vital Lines

Health Club Subsidy Program
Reimbursement Form

PLEASE PRINT in the boxed area below

Employee Name: _____ Phone Number: _____

Clock Number: _____ Date of Hire: _____
(Needed for payroll processing)

Health Club Name: _____

Work Location: ☐ Burlington G.O. ☐ Burlington PDC ☐ Edmonton PDC ☐ Chatham

☐ Brantford CCC ☐ Sales and Distribution ☐ Windsor C.F.I.

Health Club Subsidy Reimbursement Amount Due to You: _____
(Use the Step-by-Step Formula below to calculate amount due)

Dues* _____ **X Months**** _____ **= Reimbursement Amount** _____
($35 Maximum) **($420 Maximum)**

Dues* Monthly dues – do not include enrollment/initiation fees. If you have a single person membership at your facility, include your total monthly dues (max $35/month). If you have a family membership, please calculate your monthly dues by multiplying your family monthly dues by 75% (family membership monthly dues X .75 = reimbursable amount) – max $35/month.

Months** Number of months your Health Club membership and Navistar employee status were active during the reimbursement period (9/1/03 – 8/31/04). Health Club membership must be activated by 15th of the month in order to qualify for reimbursement for that month.

The financial incentive of this program has been important in joining/maintaining my health club membership.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The Health Club Subsidy Program has been instrumental in helping me live a physically active lifestyle.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

In the past 6 months, how many times per week did you participate in…

20 or more minutes of aerobic exercise?	☐ 0 days	☐ 1-2 days	☐ 3-4 days	☐ 5-6 days	☐ 7 days
Strength building (weight training) exercise?	☐ 0 days	☐ 1-2 days	☐ 3-4 days	☐ 5-6 days	☐ 7 days
Stretching exercise?	☐ 0 days	☐ 1-2 days	☐ 3-4 days	☐ 5-6 days	☐ 7 days

Employee Signature: _____

PAYROLL USE ONLY

Amount Paid _____

Entered Date: _____

Initials: _____

Please attach a copy of your Health Club membership dues receipt and return this form no later than October 5th to the Payroll Department, Chatham.