

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. This Reimbursement Form must be completed by the participant, and if applicable, by the provider.
2. Attach the following information to the Reimbursement Form:
 - a. A legible copy of the Provider Agreement (contract with the gym or other facility) between you and the facility, if applicable
 - b. Legible copies of itemized receipt(s) and proof of payment (Check, Visa statement, etc.)
3. Return the completed Reimbursement Form, along with a copy of the Provider Agreement (if applicable) and itemized receipt(s) and proof of payment to the Fund Office at:

**UFCW Local 1776 and Participating Employers Health and Welfare Fund
3031 B Walton Road
Plymouth Meeting, PA 19462**

NOTE: If you sign up for an annual membership (i.e. gym membership), both you and the facility must complete a Reimbursement Form, and submit it, along with the verification information, to the Fund Office twice each membership year (i.e., if your membership year is from January through December, you must submit a Reimbursement form by June 30th and by December 31st).

If you join a program that is not utilized throughout the entire year (i.e. smoke cessation, weight loss, swim clubs, other eligible program expenses, etc.), both you and the facility and/or provider must complete the Reimbursement Form, and submit it, along with the verification information, to the Fund Office upon completion of the program.

To request a Reimbursement Form, please call the Fund Office at 1-610-941-9400 or toll free at 1-800-458-8618.

Claims must be filed no later than 90 days from the end of the calendar year in which the membership or participation in a program or other eligible program expense occurred.