

## 2018-2019 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:

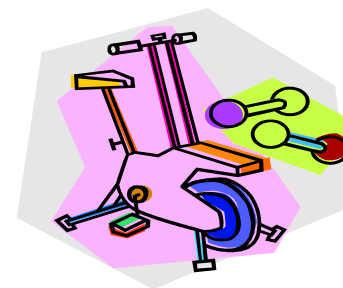
Proof of payment \_\_\_\_\_ Attendance verification \_\_\_\_\_

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 2018-2019 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 submitted to the insurance office between June 1 and 15, 2019. **No exceptions will be made.** **No electronic versions will be accepted.** Please print your information and submit hard copies. **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 6/1/18 to 5/31/19. **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, 2019.**
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, 2019 will result in the DENIAL of your reimbursement. Please copy this form for YOUR RECORDS before sending as proof of submission.**