

**Northern New England Benefit Trust
Health Club Reimbursement Form**

Instructions: (for member and spouse)

1. Attend a health club on average three times per week for six months.
2. Answer all the questions listed in Section 1 below and sign the bottom of the form.
3. Bring the form to your health club and have an authorized representative complete and sign Section 2
4. Mail completed form to: NNEBT – Health Club / P.O. Box 4604 / Manchester, NH 03108

Section 1 – NNEBT Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Social Security #: _____

Employer: _____

Section 2 – Health Club Facility: (to be filled out by the Health Club)

Health Club Member: _____

Name of Health Club: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I verify that _____ has been a member of our club for the past six months from _____ through _____ and engaged in physical activity an average of three times per week.

Authorized Signature Date

In completing this form, I agree to the following as provisions for reimbursement:

1. I have been a member of a supervised health club for the past six months and engaged in physical activity at the club an average of three times per week.
2. I acknowledge NNEBT's right to contact the health club to verify or review records showing I have met the Trust's requirements as stated above.
3. I hereby certify that all information given is true and complete to the best of my knowledge.

Health Club Member's Signature Date

Note: NNEBT will return any forms that are received and dated prior to the end of the six-month period.
Note: You must be an eligible participant for six consecutive months in order to receive the reimbursement.