

Fitness Reimbursement Form

Program Description

Fidelity has a long-standing commitment to the health and wellness of our associates and their families. We are proud to offer the Fidelity Fitness Reimbursement Program to support your personal physical activity and weight management goals to help you be Well for Life.

You can submit up to \$600 of eligible fitness expenses to receive a 50% reimbursement from Fidelity, for a maximum reimbursement of \$300 per calendar year.

Approved expenses include:

Home exercise/fitness equipment	Exercise classes
Physical activity tracking devices	Adult sports-related league fees
Gym memberships*	Weight-management program fees

*Membership fees for on-site Fidelity Fitness Centers are not eligible for reimbursement. However, any other fee-for-service programs/classes (e.g., weight management programs, personal training) provided by the on-site Fidelity Fitness Centers are eligible for reimbursement. (Please note that Fidelity's on-site Fitness Center membership fees are already subsidized by Fidelity.)

Some examples in each of these categories are provided below. If you are not sure whether an item is reimbursable, please contact Acclaris for verification.

Items eligible for reimbursement include:

- **Home Exercise/Fitness Equipment**—e.g., ab rollers, fitness-related gaming equipment (WiiFIT™ or other fitness/physical activity–related games for other gaming systems), exercise DVDs/videos/Blu-ray™, free weights or belts, exercise mats, treadmills, cross country machines, home gyms, stationary bikes, etc.
- **Physical Activity Tracking Devices**—e.g., accelerometers (e.g., FitBit™), wireless activity trackers, GPS-enabled physical activity tracking devices (e.g., Garmin™), pedometers
- **Physical Activity Expenses**
 - o Gym memberships—e.g., fees, personal trainer, program fees at on-site gym (excludes monthly membership)
 - o Classes—e.g., aerobics, dance lessons, jazzercise, martial arts, zumba, etc.
 - o Adult sports–related league fees—e.g., adult intramural soccer league fees
- **Weight Reduction/Management Program Fees**

Eligibility:

Items listed for reimbursement must benefit an eligible employee and/or the spouse or domestic partner of a Fidelity employee. Deadline: March 15 of the year following a benefit year. Example: Expenses incurred from 1/1/15 to 12/31/15 can be submitted for reimbursement until 3/15/2016.

Instructions

1. Complete all appropriate sections of the form.
2. Please be sure to review and sign page 2.
3. Fax or mail the completed form and the appropriate documentation/proof of payment to:

Fax Number: 813-830-7900
 Mailing Address: Acclaris Reimbursement Center
 P.O. Box 25171
 Lehigh Valley, PA 18002-5171

Fitness Reimbursement Form (continued)

Documentation Reminders:

- Proof of payment must be included when submitting claims and must clearly state the time period (monthly/quarterly/annually for gym memberships) and the entire amount spent. Some examples are credit card receipts stating the store/gym name, receipts from the fitness facility/store, letter from the fitness facility on official letterhead, and/or a payment confirmation from a Web site purchase.
- Forms that are incomplete or missing proper documentation will not be processed and will be denied.
- Fitness facility reimbursement requests should include a receipt or letter on gym stationery indicating total amount incurred and paid.

Employee Information

<input type="text"/>											<input type="text"/>											<input type="text"/>	
Last Name											First Name											MI	
<input type="text"/>											<input type="text"/>											<input type="text"/>	<input type="text"/>
Street											City											State	ZIP
<input type="text"/>											<input type="text"/>											<input type="text"/>	<input type="text"/>
Daytime Phone Number											Email Address											<input type="text"/>	<input type="text"/>
<input type="text"/>											<input type="text"/>											<input type="text"/>	<input type="text"/>
Date of Hire											SSN—required											<input type="text"/>	<input type="text"/>

Activity/item for reimbursement

Type of activity/item	Program/gym name/retailer	Calendar year	Member name	Relationship to Employee	Entire Amount spent
<i>e.g., FitBit</i>	<i>Amazon</i>	<i>2015</i>	<i>John Smith</i>	<i>Self</i>	<i>\$150.00</i>
<i>e.g., WiiFIT</i>	<i>Sears</i>	<i>2015</i>	<i>Jane Smith</i>	<i>Spouse</i>	<i>\$300.00</i>
<i>e.g., gym membership</i>	<i>Best Fitness</i>	<i>2015</i>	<i>John Smith</i>	<i>Self</i>	<i>\$650.00</i>

Employee Signature

I verify that the above information is true and that I am submitting this form for reimbursement for items that will support me and/or my spouse/domestic partner in being physically active and Well for Life. I am aware that this reimbursement is considered taxable income and will be subject to income tax.

Employee Signature

Date

You will receive your fitness reimbursement through your normal payroll distribution process, typically within six to eight weeks.