

# Fitness Benefit



**Sheet Metal Workers Local 36 has a healthy incentive for you.**

As a member of SMW36 Health & Welfare Fund, your Fitness Benefit can save you and your family up to \$600 per calendar year in qualified health club membership fees. The Fitness Benefit can be utilized by two adult members in your family. For example, you and your spouse can both take advantage of the Fitness Benefit—or yourself and a dependent that is 18 years or older. The Fitness Benefit requires 12 visits per calendar month to qualify for reimbursement.

## What types of health clubs qualify?

When selecting a health club, you'll need to pick one with a variety of cardiovascular and strength-training exercise equipment. The YMCA, Club Fitness, 24hr Fitness would be examples of qualifying fitness centers.

Please note that martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues do not qualify. You cannot receive the Fitness Benefit for any aerobic/fitness activity fees paid to non-qualified health clubs (including those paid for personal training, lessons, coaching, exercise equipment, or clothing).

Sheet Metal Workers Local 36  
Benefit Office  
2319 Chouteau Avenue, ste 300  
St. Louis, MO 63103  
(314)652-8175  
Fax (314)652-0338

## What do I need to do?

Simply send us:

- Fitness Club print-out AND:
- The Completed Fitness Benefit Claim Form

The Fitness Benefit requires 12 visits per calendar month, one visit per day maximum. If your gym/fitness center does not offer a print-out, use the space provided on the Fitness Benefit Claim Form to record your visits. Please record your visits for the month, and have a gym representative sign the form. You will be reimbursed up to \$25 towards your monthly membership, for a maximum of two qualifying family members.

Mail or fax the print-out and completed Fitness Benefit Claim Form to the address on this form. If you have any questions, please contact Julie at the phone number or email below.

(314)652-8175 x 313  
jkoontz@sheetmetal36.org

# Fitness Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

## MEMBER INFORMATION

MEMBER NAME:

FITNESS BENEFIT RECIPIENT NAME:

MEMBER'S ID NUMBER (Located on the back of your Healthlink card):

SIGNATURE OF MEMBER:

DATE:

## MONTHLY VISIT INFORMATION

Have your fitness facility fill out the form below with your 12 visits for the month, and attach a printout.

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

## FITNESS CLUB INFORMATION & AUTORIZATION

MONTHLY MEMBERSHIP FEE:

SIGNATURE OF CLUB REPRESENTATIVE:

NAME, ADDRESS & PHONE# FITNESS CLUB:

SHEET METAL WORKERS'  
LOCAL 36 WELFARE FUND  
2319 CHOUTEAU AVE.  
ST. LOUIS, MO 63103  
314-652-8175 OR 800-741-9411  
FAX: 314-652-8494

