



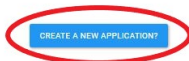
Gym Membership Reimbursement Online Submission Form Instructions

1. [Click here](#) or visit gymreimbursement.franklincountyohio.gov.
2. Once you have accessed the form, to create a new submission click **“Create a New Application.”**



Gym Membership Reimbursement Form

Would you like to...



3. Next, fill in the required fields.

Q1 2020 Gym Membership Reimbursement Form

In order to process your application, we ask you to provide the following information. Please note that all fields marked with an asterisk (*) are required.

Employee Information			
First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Email Address *	<input type="text"/>	Agency *	Please Select One
County *	<input type="text"/>	Date of Birth *	MM/DD/YYYY
Employee ID *	<input type="text"/>	Last 4 Employee SSN *	<input type="text"/>
Spouse First Name	<input type="text"/>	Spouse Last Name	<input type="text"/>

If you do not have an employee ID, please put NA.

If submitting a spouse, remember 1 form per household.

Gym Information (including Orange Theory, Yoga, Jazzercise, Curves, etc.)			
Gym Name *	<input type="text"/>	Gym Telephone # *	<input type="text"/>
Gym Address 1 *	<input type="text"/>		
Gym Address 2	<input type="text"/>		
Gym City *	<input type="text"/>	Gym State	OH
<input type="checkbox"/> Additional Gym		Gym Zip Code *	<input type="text"/>

Amount Requested	
Amount requested for reimbursement *	\$ <input type="text"/>

Maximum reimbursement amount is \$25/month (\$75/quarter).

4. To upload your proof of payment and proof of visits, in the My Documents section, select **“Upload Document.”** If you need to submit multiple documents (for example, you’re uploading your proof of payment and proof of visits separately) once you have uploaded the first document, click **“Add New”** to upload another.

Proof of Attendance and Proof of Payment

Attach documentation from your gym providing proof of attendance and your proof of payment.
Your proof of attendance must include your name, your gym name, and the dates visited each month.

You must attend a gym or gym(s) a minimum of 8x/month.

If you are combining visits from two gyms you must fill out the gym information section and provide proof of visits/payment for both facilities.

Your proof of payment must include your name, your gym name, and the amount paid each month.

Proof of payment must be provided for all months and/or class dates requesting reimbursement.

Please upload documents only in 'pdf', 'gif', 'jpg', 'jpeg' & 'png' format.

My Documents

(Please select one file at a time)

UPLOAD DOCUMENT

+ ADD NEW

Please upload documents in pdf, 'gif', 'jpg', 'jpeg' or 'png' formats only.


- Once you have uploaded your proof of payment and proof of visits, electronically sign the document by checking the digital signature box and the click **“Submit”**.

Required Signature

Click for Employee Signature * Signed Date 03/19/2020

By checking this box I affirm that all of the information provided is full, complete and true to the best of my knowledge. False statements are considered fraud against the plan. I acknowledge that checking this box serves as my signature.

- After you click Submit you will see a confirmation message on the screen and will also receive a confirmation e-mail. *If you do not see this message, your form was not submitted. Please keep the confirmation e-mail as a receipt for your records.*



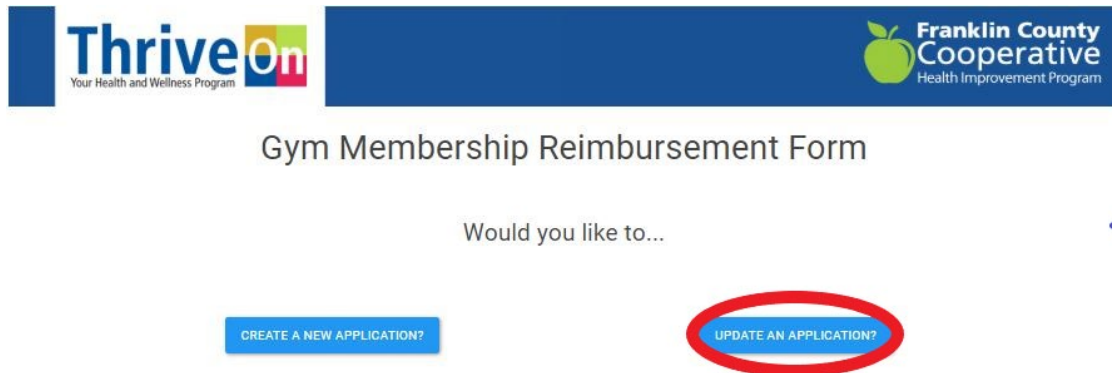
Success

Thank you for submitting a gym membership reimbursement request and taking responsibility for your health through exercise! Once your request has been approved or if we need further information from you, you will be notified. Please note, due to the large volume of reimbursement requests this could take several weeks. In the meantime, if you have any questions, please contact ThriveOn at 614-525-3948 or ThriveOn@franklincountyohio.gov.

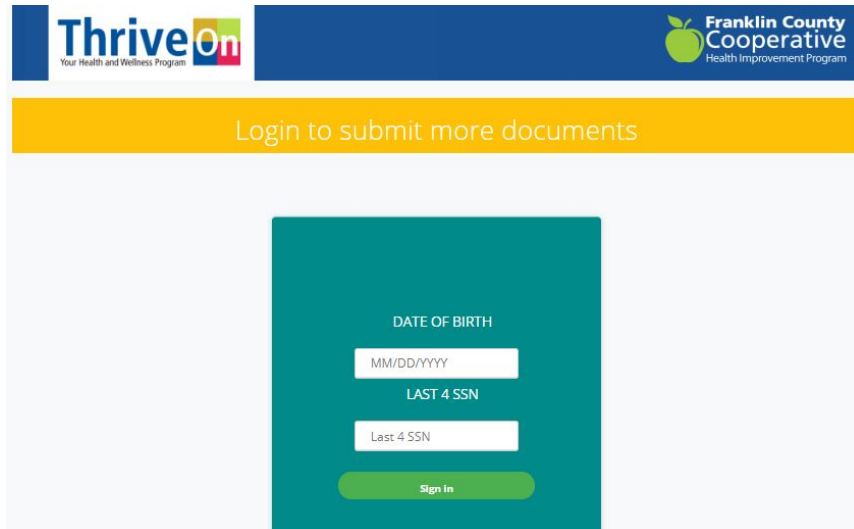
Once you have submitted your application, ThriveOn will review your application and notify you if your reimbursement request has been approved, denied or needs updated.

HOW TO UPDATE AN APPLICATION

If you need to update your reimbursement request after you have submitted your initial application, visit the online submission form at gymreimbursement.franklincountyohio.gov and click **“Update an Application.”**



To access your previously submitted application, you will be prompted to enter your Date of Birth and the Last four digits of your SSN.



Click Sign-In and then update your application as needed.