

# Gym Reimbursement Submission Instructions



1. Visit [gymreimbursement.franklincountyohio.gov](http://gymreimbursement.franklincountyohio.gov) and click on “CREATE A NEW FORM.”

2. Fill in the required fields.

- First/last name
- Email address
- Agency
- Date of birth
- Employee ID/MUNIS ID (*leave this blank if you work for SWACO, Grandview Heights, Prairie Township, Jefferson Township, Convention Center or COCIC.*)
- Last 4 employee SSN

ThriveOn Your Health and Wellness Program Franklin County Cooperative Health Improvement Program

### Q1 2025 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 (please enter your legal name, no nicknames)\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Email Address\* \_\_\_\_\_ Agency\* Please Select One \_\_\_\_\_

Hired Less Than Six Months Ago

Date of Birth\* MM/DD/YYYY \_\_\_\_\_

Employee ID/MUNIS ID\* \_\_\_\_\_ Last 4 Employee SSN\* \_\_\_\_\_

Check the box if you are submitting a request for a spouse/domestic partner (not employee) membership

*Reminder: one person per household eligible per month (except households with two employees).*

3. If you were hired within the last 6 months, check the “HIRED LESS THAN 6 MONTHS AGO” box. You will then be asked to enter what month you were hired. If you were hired more than 6 months ago, skip this step.

Email Address\* \_\_\_\_\_ Agency\* \_\_\_\_\_

Hired Less Than Six Months Ago

Date of Birth\* MM/DD/YYYY \_\_\_\_\_ Month Hired\* Please Select One \_\_\_\_\_

4. If the reimbursement request is for a spouse/domestic partner membership, check the box and then enter the spouse/domestic partner's information. If the reimbursement request is for an employee's membership, skip this step.

Check the box if you are submitting a request for a spouse/domestic partner (not employee) membership

Spouse First Name\* \_\_\_\_\_ Spouse Last Name\* \_\_\_\_\_

Spouse Date of Birth\* MM/DD/YYYY \_\_\_\_\_

*Reminder: one person per household eligible per month (except households with two employees).*

5. Enter your gym/membership name. If submitting for (2) gyms/memberships, click on “ADDITIONAL GYM” and provide the name of your second membership.

**Gym Information**

Gym Name\* \_\_\_\_\_

Additional Gym

**Second Gym Information**

Second Gym Name \_\_\_\_\_

*You may add one additional gym*



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6. Enter your monthly attendance and monthly charges in the corresponding boxes. Once all information has been entered, click on the **"CALCULATE"** button. The system will automatically calculate your eligible reimbursement amount. You cannot change the reimbursement amount request.

If combining visits from multiple gyms, please provide your total attendance and cost for each month.

January Attendance *	8	January Monthly Charge *	89
February Attendance *	0	February Monthly Charge *	100
March Attendance *	8	March Monthly Charge *	30

Reimbursement rates:  
 0-3 visits per month - no reimbursement  
 4-7 visits per month - 50% of monthly membership cost, up to \$25/month  
 8+ visits per month - 100% of monthly membership cost, up to \$50/month

**Total Reimbursement Request**

Amount requested for reimbursement \* \$80.00

**NOTE:** The calculator button will not work unless you enter something in every field. If no visits or amounts, for any month, enter "0".

7. Click **"UPLOAD DOCUMENT"** and attach supporting document(s) showing your proof of payment and proof of attendance for all months in which you are requesting reimbursement. If you need to attach multiple documents, click the **"ADD NEW"** button. Accepted file formats include: csv, doc, docx, gif, jpg, jpeg, pdf, png.

8. Select the check box to provide your digital signature and click the **"SUBMIT"** button.

**Required Signature**

Please check the box to provide your digital signature  Signed Date 03/04/2025

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.

9. If submitted successfully, your screen will update to show **"SUCCESS"** and you'll receive an automated confirmation email.



10. It can take 3-4 weeks for your reimbursement request to be processed. Once processed, you will receive an email notification of approval, denial, or request for additional information.

If you have issues submitting your reimbursement request, please contact ThriveOn at **614.525.3948** [ThriveOn@franklincountyohio.gov](mailto:ThriveOn@franklincountyohio.gov).



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