

Advisory Council on Family Care (ACFC)

Health & Wellness Program - Taxable Reimbursement Program

Advisory Council on Family Care (ACFC) recognizes that your health is important. Regular exercise and weight management have been shown to improve health, reduce stress, and fight obesity; however, memberships can be expensive. The ACFC wants to help you by reimbursing eligible employees for gym memberships or weight management programs up to \$100.00 from January 1st, 2018 to June 30th, 2018.

Gym memberships and/or Weight management programs don't have to be through GlobalFit. Any programs/fitness facilities in the community are eligible for the reimbursement.

Please note: all health and wellness reimbursements received from this program are taxable.

Eligibility Requirements

- Applicants for reimbursement must be Verizon employees, who are represented by CWA in DC, DE, MD, NJ, PA, VA & WV.
- Applications and accompanying proofs of payments must be submitted to the address listed on the bottom of the form.
- Reimbursement submissions must be postmarked on or before June 30th, 2018.
- "Proof of payments" is defined as receipts and paid contracts for fitness memberships or weight loss programs covered by this program.
- Contracts and proof of payments must be incurred in the name of the Verizon employee requesting reimbursement.
- The costs for the family fitness memberships contract must be in the Verizon's employees name to be eligible for the reimbursement.
- The fitness or weight management contracts, receipts, and accompanying documents must show the applicant incurred eligible expenses between January 1st, 2018 to June 30th, 2018.

How do I apply?

Applications are available on the web (www.acfccares.com). Here are the steps to follow:

1. Complete the application for reimbursement.
2. Submit a copy of your completed application together with all supporting documents (e.g., a membership contract and proof of payments/receipts incurred in the applicant's name).
3. All supporting receipts must show payment was made between January 1st, 2018 to June 30th, 2018.
4. Applicants must submit all expenses at one time; however, reimbursements will be disbursed after this program closes at the end of June 30th, 2018.
5. All receipts must be submitted along with a copy of the employee's application.
6. All applications for reimbursement and accompanying receipts must be postmarked on or before **June 30th, 2018.**
7. Applications can be emailed to: Dutchin.m.webster@verizon.com or mailed to: Dutchin Carpenter, c/o Verizon, 215 Ritchie Lane, 2nd Floor, Glen Burnie, MD 21061.

How much will I receive from the fund?

You may be reimbursed up to \$100 in your paycheck towards all eligible expenses incurred between January 1st, 2018 to June 30th, 2018. Provided your application and accompanying receipts are in order, you will receive your taxable reimbursement for up to \$100 **sometime after July 15th, 2018.**

Liability Statement

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and CWA are neither responsible nor liable for any injuries or damages of any nature suffered as result of the acts or omission of a provider of care in the operation of its business.

Your eligibility for reimbursement expires upon my termination of employment with Verizon.

Verizon and CWA retain the right to change the eligibility requirements or amount of reimbursement, as well as any other provision, including discontinuation of the program at any time.



This is a Taxable Wellness Reimbursement Program for Employees represented by CWA in DC, DE, MD, NJ, PA, VA & WV

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Complete **ALL** information. Your application **WILL BE RETURNED** if any information is missing. Please print clearly or type.

Employee Name					
Employee ID (found on paystub or eweb)			Enterprise ID (found on eweb)		
Home Address					
City		State		ZIP Code	
Home Phone					
Work Address					
City		State		ZIP Code	
Work Phone		Cell Phone			
Email			Marital status		Single Married
Provide local # CWA Local _____					
Type of Program		Fitness		Weight Management	
Fitness or Weight Management Provider Name					
Have you participated in this program before? Yes No					
If yes, is it the same contract? Yes No					
Provider's Tax ID Number					
Provider's Address					
Provider's Phone Number					
Cost for membership					
Please circle type of payment		Annual	Monthly	Weekly	Drop-In Other
Contract effective date					
Contract termination date					

You **MUST** attach a copy of contract and detailed receipts. Only **original** applications accepted.

Employee Authorization:

I, (Print Name) _____ request reimbursement for the eligible fitness/weight management expenses listed above. My signature signifies I have read the criteria of the Wellness Reimbursement Program and agree to abide by them.

By signing and submitting application, I certify the information that I have provided on this form(s) is true and accurate. I further understand that supplying false information on this form may jeopardize my continued participation in the Advisory Council on Family Care (ACFC).

Employee Signature	Date
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Send form and receipts to:

ACFC

Attn: Dutchin Carpenter
c/o Verizon

215 Ritchie Lane, 2nd Floor, Glen Burnie, MD 21061

Or Dutchin.m.webster@verizon.com

No later than June 30th, 2018.

