



**BRICKLAYERS & ALLIED CRAFTWORKERS  
LOCAL #2, NY HEALTH BENEFIT FUND  
300 Centre Drive, Albany, New York 12203**

Office # 800-664-8314 / FAX # 518-456-4431 / Website: [www.bac2funds.com](http://www.bac2funds.com)

**2025 GYM MEMBERSHIP CLAIM FORM**

Member Name: \_\_\_\_\_ SS# (last 4) \_\_\_\_\_

Address: \_\_\_\_\_

Gym Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please take note of the following points regarding your  
2025 gym membership reimbursement:**

- The Health Fund will reimburse (per family) up to \$125 annually for your paid gym membership. This does not get deducted from your HRA or WRA and is available to all eligible members, including opt-outs.
- You must show proof that the full \$125 has been paid or if your annual cost is less than \$125 you may claim that amount in December 2025.
- The reimbursement must be an actual gym such as: (YMCA, Planet Fitness, Golds Gym, ect...) Personal home equipment does not qualify.
- The Fund is required to withhold tax from your reimbursement. If the Fund does not have a W-4 on file, the withholdings will be based on single/zero exemptions.

**FOR OFFICE USE ONLY**

Approved by _____	Date _____	Amount Requested _____
Reviewed by _____	Date _____	Amount Approved _____
Amount Paid _____	Date _____	Amount Denied _____