



**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

2023 GYM MEMBERSHIP CLAIM FORM

Member Name: _____ SS# (last 4) _____

Address: _____

Gym Name: _____ Amount Requested: _____

Signature: _____

**Please take note of the following points regarding your
2023 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 2023.
- 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 _____