

Gym Reimbursement Policy

Your health is important to us! We know that starting or maintaining an exercise routine is not always easy. To help you stay motivated, the Company reimburses up to **\$20.00 per month** toward gym membership fees (includes Peloton). *This could be an extra **\$240 per year** in your pocket for staying active!*

How do I get Reimbursed?

- Select the gym of your choice and sign up for a membership or, if already a member, continue with your existing membership.
- Utilize your gym membership a minimum of **four (4) times** per month.
- Complete the Gym Reimbursement Form to provide proof of your attendance.
- An email will be sent twice a year with the deadline for submission of your membership.
- Submit your Gym Reimbursement form by the deadline.
- Reimbursements are only eligible for months in which you are employed, and you must be employed at the date of reimbursement to be eligible.
- Reimbursements are paid out twice a year.

Questions?

For additional information regarding this program, please contact the Benefits Center at 817-693-2890 or benefits@wilksbrothers.com.

Send completed forms to:

Email: benefits@wilksbrothers.com

Fax: (817) 212-3310

Gym Membership Reimbursement Form

Name: _____ Company: _____

Employee ID #: _____ Hire Date: _____

Mailing Address: _____
Street City State Zip Code

Fitness Facility Information

Facility Name: _____ Phone: _____

Address: _____
Street City State Zip Code

Monthly Membership Fee: _____ (Reimbursement up to \$20.00 per month)

Check the months you are seeking reimbursement:

___ January ___ February ___ March ___ April ___ May ___ June

___ July ___ August ___ September ___ October ___ November ___ December

Next Steps

- ✓ Attach a computer printout from your fitness facility with the dates of your visits. If your facility is unable to provide a printout, please have your fitness facility representative complete the manual log on the following page.
- ✓ Sign the Certification & Authorization
- ✓ Submit your Form by the Deadline

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Certification and Authorization

I authorize the release of any information to Wilks Brothers, LLC about my gym membership. I certify that the information provided in support of this submission is complete and correct. False statements will result in denial of reimbursement. I understand that Wilks Brothers, LLC may require additional evidence of gym membership and proof of payment for my membership before reimbursement is provided.

Employee Signature: _____ Date: _____

Gym Membership Log

Name: _____

Employee ID #: _____ Company: _____

If your fitness facility is unable to provide a computer printout of your visits, please complete the manual log below. You must utilize your gym membership a minimum of four (4) times per month to be eligible for reimbursement.

| Fitness Facility Visits and Classes (Record only one session per day) | | | | |
|---|------------------------|------------------------|------------------------|------------------------|
| Month | Date of Visit 1 | Date of Visit 2 | Date of Visit 3 | Date of Visit 4 |
| January | | | | |
| February | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| August | | | | |
| September | | | | |
| October | | | | |
| November | | | | |
| December | | | | |

Fitness Facility Signature: _____ Date: _____

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