



## Gym Membership Reimbursement

I \_\_\_\_\_ (please print) request to be enrolled in Bish's RV gym membership reimbursement program. I understand I will be reimbursed \$3.00 per visit for up to 13 visits per month with a maximum reimbursement of \$39.00. I also understand it is my responsibility to submit my visit/swipe monthly count to hr@bishs.com by the 15<sup>th</sup> of each month for the previous month to receive reimbursement. The visit/swipe count must be provided by the health club and only one visit/swipe per day is reimbursable. Reimbursement will not be extended for visits/swipes turned in after the 15<sup>th</sup> of the month.

---

*Employee Signature*

---

*Date*