



## Lifestyle Spending Account - Recurring Gym Membership Reimbursement Request Form

This form is to be completed each plan year to receive approval for reimbursement of recurring gym membership expenses. This form is also required to stop or change recurring reimbursement. It is your responsibility to notify WEX when you are no longer eligible to receive a recurring reimbursement for gym membership expenses. Documentation for recurring gym memberships must be provided for the request to be processed. If any information on this request form changes during the plan year, you must submit an updated form.

\* = Required Fields

### Step 1: Participant Information

\*Participant Name (First, MI, Last)

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\*Social Security Number

\*Employer Name (Do not abbreviate)

Employee ID

### Step 2: Recurring Gym Membership Information

\*Please select only one:

Start Recurring Lifestyle Spending Gym Membership: Please start my recurring reimbursement with the information provided in Step 3. Effective Date (mm/dd/yyyy)

Change Recurring Lifestyle Spending Gym Membership Information: Please update my recurring reimbursement with the information provided in Step 3 as of the Effective Date listed on the right.

Stop Recurring Lifestyle Spending Gym Membership: Please stop my recurring reimbursement for the information provided in Step 3 as of the Effective Date listed on the right.

### Step 3: Provider Information

*Provider(s) Name	*Start Date of Service Must be within current plan year (mm/dd/yyyy)	*End Date of Service Must be within current plan year (mm/dd/yyyy)	*Cost Per Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Participant Certification

To the best of my knowledge, I certify that the information provided on this form is complete and accurate. By submitting this form, I confirm that the gym membership expenses noted on this form are eligible Lifestyle Spending Account expenses as defined by the plan, that I have not been previously reimbursed for these expenses and that I will not seek reimbursement from any other source. I understand that WEX, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. If there are any changes in the provided information, I understand it is my responsibility to notify WEX. I understand that WEX may require me to submit any additional documentation, receipts and an updated request form at any time. By submitting this form I certify the above.

\*Signature

\*Date



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