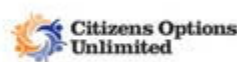


Employee **PERKS GUIDE**

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GYM MEMBERSHIP

REIMBURSEMENT FORM FOR FULL-TIME EMPLOYEES 30 OR MORE HOURS WEEKLY

TO BE ELIGIBLE FOR REIMBURSEMENT, YOU MUST PARTICIPATE IN A GYM AND/OR PROGRAM THAT PROMOTES CARDIOVASCULAR WELLNESS.

MEMBERSHIPS IN SPORTS CLUBS, COUNTRY CLUBS, WEIGHT LOSS CLINICS, SPAS, OR OTHER SIMILAR FACILITIES WILL NOT BE REIMBURSED.

FOR A GYM TO BE CONSIDERED ELIGIBLE, IT MUST PROVIDE AT LEAST TWO PIECES OF EQUIPMENT OR ACTIVITIES THAT PROMOTE CARDIOVASCULAR WELLNESS FROM THE FOLLOWING LIST:

- STATIONARY BICYCLE
- TREADMILL
- ELLIPTICAL
- CROSS TRAINER
- GROUP EXERCISE
- SQUASH/TENNIS/RACQUETBALL COURTS
- STEPPER
- ROWING MACHINE
- WALKING/RUNNING GROUP
- POOL



The maximum reimbursement for any 6-month period will not exceed \$200.

For questions, please contact the Employee Health and Wellness Manager
Denise Lamb @ 516-293-2016 extension 5642 or DLamb@ahrc.org



GYM REIMBURSEMENT PROGRAM FOR ALL FULL-TIME EMPLOYEES

To be eligible for reimbursement, you must participate in a gym and/or program that promotes cardiovascular wellness. Memberships in sports clubs, country clubs, weight loss clinics, spas, or other similar facilities will not be reimbursed. For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list: stationary bicycle, treadmill, elliptical cross trainer, group exercise, squash/tennis/racquetball courts, stepper, rowing machine, walking/running group, pool.

To receive reimbursement for going to the gym, please follow the three steps outlined below:

Step 1: You must complete a minimum of 50 visits per six-month period.

Step 2: Fill out a gym reimbursement form that documents the number of visits you made to the gym during the six months.

Step 3: Submit the completed gym reimbursement form along with a bill from your gym every 6 months to:

**Denise Lamb
Employee Health and Wellness Manager
Plainview Office**

PLEASE NOTE THAT TOTAL REIMBURSEMENT PER 6-MONTH PERIOD WILL NOT EXCEED 200 DOLLARS.

For questions, please contact Denise Lamb @ 516-293-2016, ext. 5642 or via email: dlamb@ahrc.org



If your fitness facility does not provide a computer printout of your exercise activity, please use this log each time you visit the facility. A signature from your gym representative and proof of payment is required.

NAME OF GYM: _____

GYM REPRESENTATIVE SIGNATURE: _____

DATE OF VISIT:

1	26
2	27
3	28
4	29
5	30
6	31
7	32
8	33
9	34
10	35
11	36
12	37
13	38
14	39
15	40
16	41
17	42
18	43
19	44
20	45
21	46
22	47
23	48
24	49
25	50



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Please click the link below or call 1-800-624-2593
www.nationaleap.com

[Click Here](https://nationaleap.com/resources/online-eap-services/)

SCAN ME



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Direct Support Professional Microcredential

Attn: All DSPs Earn

DSP-I & DSP-II Microcredential

Credits Can Be Applied to a Degree

The Office for People With Developmental Disabilities (OPWDD), in partnership with the National Alliance for Direct Support Professionals (NADSP) and the State University of New York (SUNY), are providing a special grant program that provides full funding for tuition, fees, books, course materials, and NADSP credentialing. The curriculum is hands-on and highly interactive.

For more information, contact:
Michael Cannet
mcannet@ahrc.org
516-293-2016, ext. 5362

MORE INFO




NATIONAL ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS

WOULD YOU LIKE TO TAKE YOUR CAREER FURTHER?

DSP-I
\$500

DSP-II
\$750

DSP-III
\$1,000

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As a participant in this special program, you are eligible for a total of \$2,250 in bonus payments offered in three installments as you progress.

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For More Information Email:
nadspbadgeinfo@ahrc.org

MORE INFO!



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