



Office use only  
Amount reimbursed.

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# LOCAL 276

## GYM / YOGA Claim Form

Claim amount for 2025:\$500.00  
Due: December 31, 2025

**MUST** be on Pacific Blue Cross (PBC) benefits for a minimum of **3 months** to qualify for this Benefit.

You **MUST** provide all information requested on the claim form (see below), incomplete forms will not be processed for payment.

### Expenses Eligible for Reimbursement

- Fitness memberships to gyms, yoga studios (no punch passes)
- Community pool/recreation center memberships (no punch passes)

### Please note:

- Original receipts **MUST** indicate: your name, facility name, date of purchase, amount of purchase (debit or credit card receipts alone will **not** be accepted)
- Reimbursement is for **MEMBERS ONLY**, not dependents and or spouses.
- Receipts **MUST** be received in our office no later than **Dec 31<sup>st</sup>, 2025**
- Mail or drop off receipts and claim forms at the union hall
- Subject to change

Your Name	Type of expense	Date of purchase	Amount Paid	Approved by (Office use only)

Member name (Print): \_\_\_\_\_ Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_