

2024 Fitness Benefit Insurance Reimbursement Request Form

Today's Date:			
			E-mail Address:
			ID#:
You must meet the re	enter follows Salem State University's wellness benefit requirements. equirements below or your request will not be processed. If your reimbursement requirements differ, you must specify these under		
calendar year You must have eligible for the eligible for the eligible for the	e been a member of the fitness center for at least four months to be		
If applicable, should	spouse name be included on the plan? If yes, provide spouse name:		

Please allow 5 business days for your letter to be processed. Letters will not be mailed. Your letter will be available for pick-up at the Gassett Fitness Center front desk. Completed forms should be submitted to campusrec@salemstate.edu or the front desk of the Gassett Fitness Center.

Special Instructions: