

2012 PSEG Exercise Reimbursement Application

Interoffice Mail

CHAMP – Exercise Reimbursement
General Office
Mailcode - L1C

Regular US Mail

PSEG/CHAMP - Exercise Reimbursement
80 Park Plaza Mailcode: L1C
Newark, NJ 07102

Fax Number

973-596-2806

- Reimbursements may be submitted only one time per calendar year.
- The reimbursement amount will be based on the number of completed exercise sessions from January 1st – December 31st 2012, regardless of when your membership/contract/renewal starts.
- Applications for 2012 must be submitted no later than March 31st, 2013 to be processed.
- Please allow 6-8 weeks for the reimbursement to appear in your paycheck.
- Please note that membership dues paid for the onsite CHAMP fitness centers and exercise sessions completed at the CHAMP fitness centers are not eligible for this reimbursement.
- **Be sure to keep a copy of your application for your personal records.**

General Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone Num.: () _____

PSEG Worksite Information

Employee ID Number: _____ Job Title: _____ Worksite: _____

Department: _____ Mailcode: _____ Work Phone: () _____

Fitness Facility Information (Provide copy of Contract/Payment Information)

Fitness Facility: _____ City: _____ Annual Rate: \$ _____

Reimbursement Year: **2012** (Exercise sessions MUST be completed between 1/1/12 and 12/31/12.)

Completed Exercise Sessions: **25 (\$75)** **50 (\$150)** **75 (\$225)** **100 (\$300)**
(Check the appropriate box and attach exercise documentation.)

In consideration of the sponsorship of a exercise reimbursement program by PSEG, I, _____, a program participant and employee of PSEG, do, for myself, my heirs, my executors, and administrators forever release, acquit, discharge and hold harmless said PSEG, its contractors and subcontractors, its successors and assigns, directors, officers, employees, agents, and program instructors of and from any all actions, claims, demands, damages, costs, loss of services, expenses and personal injuries, including death, which I now or hereafter have which may be a result from my participation in said program, sponsored by PSEG, its contractors and subcontractors except to the extent caused by negligence of PSEG, its contractors and subcontractors.

I have included the following required paperwork to process my application:

Current Fitness Center Contract & Payment Information Documented Exercise Sessions

Employee Signature: _____ Date: _____

Your refund for activities will be up to, but not exceeding, \$300.00 annually based upon the completion of exercise sessions. However, the reimbursement is not to exceed the total annual cost of the facility. This will be taxable income for employees.

Internal Use Only

Total Exercise Sessions: _____ Application Approved Application Denied

Reimbursement Amount: _____ Staff Signature: _____

Notes: _____

Still have questions? Visit www.pseg.com/benefits click on **Exercise Reimbursement Program** under **Health & Wellness** or Call **973-430-6100**.