Advisory Council on Family Care (ACFC)

Health & Wellness Program - Taxable Reimbursement Program

The ACFC will reimburse eligible employees for gym memberships and/or weight management programs up to $200 biannually for the time of periods of January-June and July-December each year.

Most programs/fitness facilities in the community are eligible for the reimbursement, as well as most online fitness programs.

This program **DOES NOT** cover any medical testing/consultations, GLP-1's, food, supplements, or vitamins.

Eligibility Requirements

-Applicants for reimbursement must be Verizon employees, who are represented by CWA in DC, DE, MD, NJ, PA, VA & WV.

-Contracts and proof of payments must be incurred in the name of the Verizon employee requesting reimbursement.

-Proof of payments is defined as receipts and/or bank/credit card statements. All that needs to be visible on a bank/credit card statement is: the employee's name, date of payment(s) and gym/program it was paid to.

Instructions:

1. Complete the application for reimbursement. (You will be required to send in a new application each time you participate).
2. Submit a copy of your completed application together with all supporting documents:
   (e.g., a membership contract/agreement and proof of payments/receipts incurred in the applicant's name).
3. All supporting receipts must show payment was made between **July 1, 2026 to December 31, 2026**.
4. All applications for reimbursement and accompanying receipts must be postmarked on or before **January 5th, 2027.**

Questions and Applications can be emailed to: Dutchin.m.webster@verizon.com.

*Please note: all Health and Wellness reimbursements received from this program are taxable.

Liability Statement

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and CWA are neither responsible nor liable for any injuries or damages of any nature suffered as result of the acts or omission of a provider of care in the operation of its business.

Your eligibility for reimbursement expires upon my termination of employment with Verizon.
Verizon and CWA retain the right to change the eligibility requirements or amount of reimbursement, as well as any other provision, including discontinuation of the program at any time.

This is a Taxable Wellness Reimbursement Program for Employees represented by CWA in DC, DE, MD, NJ, PA, VA & WV

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Complete **ALL** information. Your application **WILL BE RETURNED** if any information is missing. Please print clearly or type.

Employee Name			**Job Title**			
Universal ID /Enterprise ID (10 digits)						
Home Address						
City	State	ZIP Code				
Home Phone						
Work Address						
City	State	ZIP Code				
Work Phone	Cell Phone					
Email						
CWA Local #						
Gym/Program Name						
Have you participated in this program before? Yes No **If yes, is it the same contract?** Yes No						
Provider's Tax ID Number						
Provider's Address						
Provider's Phone Number						
Cost for membership						
Please circle type of payment	Annual		Monthly	Weekly	Drop-In	Other
Contract effective date						
Contract termination date						

You MUST attach a copy of the contract and detailed receipts.

If you have participated before with the same contract, you do not have to send the contract again.

I, (Print Name) _____request reimbursement for the eligible fitness/weight management expenses listed above. My signature signifies I have read the criteria of the Wellness Reimbursement Program and agree to abide by them.

By signing and submitting an application, I certify the information that I have provided on this form(s) is true and accurate. I further understand that supplying false information on this form may jeopardize my continued participation in the Advisory Council on Family Care (ACFC).

Employee Signature

Date

Send form and receipts to:

Dutchin.m.webster@verizon.com

ACFC Attn: Dutchin Carpenter

215 Ritchie Lane, 2nd Floor

Glen Burnie, MD 21061

Deadline is January 5, 2027