Local 30 Benefit Funds
Health and Welfare • Pension • Annuity • Apprenticeship & Training
William M. Lynn, Chairman of the Board
Darren M. Turton, Fund Administrator

2026 - GYM REIMBURSEMENT FORM - $500.00 ANNUAL MAXIMUM ALLOWANCE

1. Print information (items 1 through 3) in the Member Section below.
2. Supporting documentation must accompany this request form. Supporting documentation includes the following:
   - Membership Contract and documentation showing proof that the gym has cardio equipment.
   - Proof of payment of up to $500 per calendar year
   - Proof of at least 50 visits to the gym during the 2026 calendar year

3. Please retain copies of supporting documentation for your records.

4. Send this completed form and supporting documentation to Courtney Butler at courtneybutler@iuoelocal30.org or mail to:

IUOE Local 30 Benefits Fund

16-16 Whitestone Expressway

Whitestone, NY 11357

1. Member's Name	2. Last 4 digits of the Member's Social Security Number	3. Name of person requesting the reimbursement (member or spouse/domestic partner only)

PLEASE SUBMIT THIS FORM AND ALL DOCUMENTATION NO LATER THAN MARCH 31, 2027

Member Signature Date

16-16 Whitestone Expressway, Whitestone, New York 11357
phone: 718-847-8484 • fax: 718-849-7546