



## Gym Membership Reimbursement Program

To encourage Gorman & Company team members to achieve and maintain a healthy lifestyle through physical fitness, the Company may provide reimbursement for gym membership fees to eligible team members. All full-time and full-time 75 team members will be eligible for the Gym Membership Reimbursement Program on the 1<sup>st</sup> of the month following 30 days of employment.

Eligible fees include the enrollment cost and annual or monthly fees for an individual membership for:

- **Gym / Fitness Center:** Brick-and-mortar establishment that offers exercise equipment and/or classes for enhancing physical fitness and wellness.
- **At-Home Gym Membership:** Online or app-based workout subscriptions, such as Peloton, Tonal, Apple Fitness, etc.

Team members interested in participating in the Gym Membership Reimbursement Program must complete the Gym Membership Reimbursement Request below and submit it to [HR@GormanUSA.com](mailto:HR@GormanUSA.com) with a copy of either the annual or monthly fee receipt or a signed active membership contract. Updated documentation may be requested for proof of active membership. A new Gym Membership Reimbursement Request Form must be submitted each calendar year. **Team members agree to notify Human Resources of termination or change in gym membership status or cost prior to the next paid reimbursement.**

The company will reimburse each eligible team member up to \$50 per month for approved gym memberships according to the requirements outlined above. Team members will be reimbursed on a monthly basis, regardless of the type of membership (annual/monthly/etc.). The amount reimbursed to team members will be processed on the first payroll of the month and will be reported as taxable income.

Gym Membership Reimbursement Request	
<b>Facility/Provider Name:</b>	
<b>Individual Monthly Membership Cost:</b> (Total Annual Fees Divided by 12)	\$
<b>Membership Year:</b>	2025
<b>Attach proof of membership:</b>	<input type="checkbox"/> Receipt of Membership Fee Payment; <b>or</b> <input type="checkbox"/> Signed Membership Agreement with Fees

**NOTE: If your membership terminates prior to the end of the year, you must notify [HR@GormanUSA.com](mailto:HR@GormanUSA.com).**

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### ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read, understand, and agree with the Gorman & Company Gym Membership Reimbursement Program.

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Team Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Team Member Printed Name