# IBEW/ Verizon

# New England Work and Family Committee

#  Health & Wellness

# Taxable Reimbursement Program

**July through December 2025**



#### Fitness Center, Exercise Equipment and Weight Management, Stress Management, Massage, Acupuncture, Reiki, Mindfulness

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# Taxable Reimbursement Program

The New England Work and Family Committee recognize that your health is important. Regular exercise and weight management have been shown to improve fitness, reduce stress, and fight obesity; however, memberships can be expensive to purchase. The New England Work & Family Committee wants to help you by reimbursing eligible employees for gym memberships or weight management, exercise equipment, mindfulness and stress management programs such as massage, acupuncture, up to $500.00 from July through December 2025

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

## Eligibility Requirements

* Applicants for reimbursements must be Verizon select management or IBEW members located in MA or RI.
* All reimbursements are strictly limited to the Verizon employee. We do not reimburse for individual memberships for spouse or children.
* Applications and accompanying contracts, proofs of purchase, and/or bank statements, credit card statements must be submitted to the address listed on the bottom of the form.
* Reimbursement submissions must be postmarked on or before **December 30, 2025.**
* “Proofs of payments” are defined as receipts and paid contracts for fitness memberships, weight loss programs, stress management or exercise equipment covered by this program. Hand written receipts are not accepted. Cash payments and gift cards payment are not reimbursable.
* For equipment purchases please provide detailed purchase receipt showing item(s) and credit card/bank statement.
* Contracts, proofs of payments, shipping, billing must be incurred in the name of the Verizon employee requesting reimbursement, orders from spouses or children’s accounts are not reimbursable.
* Spouse or child membership, training or massages, etc. are not reimbursable. Couple massages are not reimbursable.
* Gym Exercise Equipment such as treadmills, stationary bikes, weights, etc. must be purchased and used by the Verizon employee. All documentation must be in the employee’s name.
* Services such as massage, reiki, acupuncture, must be for the Verizon employee, and paid for by the employee.
* The fitness or weight management contracts, receipts and accompanying documents must show the applicant incurred eligible expenses July 1 through December 30, 2025. Prepayments are not reimbursable.
* Active wear, sports equipment, outdoor and indoor recreation equipment, sport technology, medical, and food and/or supplements are not a reimbursable expense.
* You must notify NEW&F if you returned equipment purchased during the reimbursement period

## How do I apply?

Here are the steps to follow:

* Complete the application for reimbursement in its entirety
* Complete a separate application form for each of multiple providers
* Submit a copy of your completed application together with all supporting documents (i.e., a membership contract, proof of payments, receipts, credit card/bank statements incurred in the employee’s name.)
* The NEW&F staff may require additional documentation to validate the expense.
* All detailed receipts must be submitted along with a copy of the employee’s application. Hand written receipts, cash payments and gift cards payment are not reimbursable.
* All supporting receipts must show payment was made between July through December 2025.
* All applications for reimbursement and accompanying receipts must be postmarked on or before **December 30, 2025.** Bank and credit card statements may be accepted after the due date with permission from NEW&F administration.

## You may obtain the tax ID number by going to [www.sec.state.MA.US](http://www.sec.state.ma.us) and click corporations and search the corporate database.

## How much will I receive from the fund?

## You may be reimbursed up to $500 in your paycheck towards all eligible expenses incurred between July through December 2025. Provided your application and accompanying receipts are in order, you will receive your taxable reimbursement for up to $500 after March 1st, 2026

**Liability Statement**

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. VERIZON and IBEW 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.

My eligibility for reimbursement terminates upon my termination of employment with Verizon

VERIZON and IBEW retain the right to change the eligibility requirements or amount of reimbursement as well as any other provision including discontinuing the program at any time.

**This is a Taxable Wellness Reimbursement Program**

IBEW/Verizon New England Work and Family Committee

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

|  |
| --- |
| **Employee Name**  |
| **Employee ID** (found on paystub or eweb) **Enterprise ID** (found on eweb) |
| **Home Address** |
| **City State Zip Code** |
| **Work Address** |
| **City State Zip Code** |
| **Cell Phone****Work Phone****Email** | **Marital status** * Single
* Married
 | * **Check off and fill in local**
* IBEW Local \_\_\_\_\_\_\_\_\_\_\_\_\_
* Management
 |
|  **Type of Program: Please complete type of service and or equipment provider**(Complete a separate form for multiple providers) |
| **Check off the Type Service or Membership:*** Fitness / Gym
* Weight Management
* Stress management
* Massage
* Reiki
* Acupuncture
* Mindfulness
 | **Gym Equipment Provider Name** (Name of place where equipment was purchased (i.e., Amazon, Walmart, Target)**Equipment providers address** |
| **Provider’s Name** |  |
| **Provider’s Address** | **Type of exercise equipment** (i.e., treadmill, weights)  |
| **Provider ‘s Tax ID Number**  | **Purchase Date**  |
| **Provider’s Phone Number** | **Cost of Equipment $** |
| **Cost of service or membership $** |  |
| **Date of service (i.e., massage)**  |  |
| **Type of Payment for Membership:** * Annual
* Monthly
* Weekly
* Other
 | **Membership:** Contract Effective Date Contract End Date |

You MUST attach a copy of the contract and detailed receipts. Only **original** applications are accepted.

**Employee Authorization:**

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 N.E. Work & Family Fund including termination.**

|  |
| --- |
| **Employee Signature Date**  |

**Send form and receipts to:**

Verizon/ IBEW Attn: New England Work & Family

43 West St.

Gardner, MA 01440

 **Postmarked no later than December 30, 2025**