

- CLAIM FILING GUIDELINES -

1. The MBF member and/or spouse/domestic partner and the facility manager from your fitness facility must complete this form.
2. You are eligible for reimbursement after completing six consecutive months of regular exercise at an MBF approved health club.
3. After each six-month period, you will be reimbursed up to a maximum of \$250.00. This benefit will be included in taxable income to the MBF member in the year in which it is received. Claim forms are available through the MBF web site at nyc.gov/mbf or by calling (212) 306-7290. Outside NYC call toll-free at (888) 4000-MBF (623). Please mail completed claim form to: Management Benefits Fund, Bowling Green Station, P.O. Box 707, New York, NY 10274
4. You must complete a separate claim form for each consecutive six-month exercise period and attach a copy of the payment receipt. Please note that only the MBF member and MBF member's spouse/domestic partner are eligible for this benefit. Other dependents are not eligible for this benefit.
5. MBF reserves the right to request additional documentation and/or deny any claims.