

Stewart's Shops

YMCA Discount Form

The YMCA benefit is available to *ESOP* participants who are *actively working* an average of *1000 hours* per year. Stewart's will pay half of any eligible partner's YMCA bills (including daycare, membership, and classes, excluding overnight camps) at participating YMCA locations. This benefit covers *legal spouses* and *dependent children* (anyone eligible as a dependent under your health insurance).

Complete Section 1 and/or 2 based on your request.

1. New Member Enrollment

If you are new to the YMCA or are a current member applying for the discount for the first time, please fill out the following fields & return to Personnel through the Shop Handheld, or email boreilly@stewartsshops.com. Plant Partners should return the form to Emily Burdick. Personnel will sign off on the form and email it back to the partner.

*Partners should bring the signed form to the YMCA for processing. The discount will be applied to your membership until further notice, so the benefit should apply to any future program charges billed to the account. *The discount is not applied automatically to online registration or daycare.*

Partner's Name: _____ Employee #: _____ Dist/Shop #/Dept _____

Email address: _____ YMCA Location: _____

Names of dependents: _____

Daycare or Camp attendee(s): _____ Child's DOB: _____

PARTNER SIGNATURE: _____ DATE: _____

2. Partner Reimbursement Request (submit for each program/class charge)

*If you have already paid 100% of the YMCA cost, you could be reimbursed for half of the cost in your paycheck. The reimbursement will appear as a negative deduction under "expense/mileage." You will also see the amount reimbursed under earnings and deductions for tax purposes. Please fill out the following fields and return to Personnel through the Shop Handheld or email to boreilly@stewartsshops.com. **Include a copy of your receipt showing payment in full.***

Partner's Name: _____ Employee #: _____ Dist/Shop #/Dept _____

YMCA Location: _____ Daycare/Program/Class Name _____

Attendee(s): _____ Total Cost: _____ Half Cost/Reimbursement: _____

PARTNER SIGNATURE: _____ DATE: _____

For Stewart's Personnel Use Only - Eligibility Verification

This partner is active and a current ESOP participant. Any dependents listed above are eligible for coverage.

PERSONNEL SIGNATURE: _____ DATE: _____

For YMCA Use Only

Please do not process if Stewart's Personnel sign off is not complete.

Member ID: _____ Discount Code: _____

YMCA STAFF SIGNATURE: _____ DATE: _____