

**PA CONSULTING GROUP, INC.
HEALTH INCENTIVE PROGRAM FOR 2016**

PA Consulting Group, Inc. is pleased to offer a Health Incentive Program to eligible employees and their dependents. This Health Incentive Program has been implemented as part of our wellness program to help employees stay healthy.

HOW DOES THE HEALTH INCENTIVE PROGRAM WORK?

The Health Incentive Program provides up to \$150 per calendar year that you can use toward membership or exercise classes at a health club. You will have more opportunities to choose the fitness facility and workout routine that fits you best.

WHAT KIND OF HEALTH CLUB MEMBERSHIP QUALIFIES?

The facility you choose can range from a facility with cardiovascular and strength-training exercise equipment, such as traditional health clubs, Y's and JCC's. Also included are martial arts centers and tennis or pool-only facilities.

Health clubs that do not qualify include country clubs, social clubs, or sports teams and leagues.

Fees paid for attending aerobics/fitness classes at qualified health clubs without an annual membership will also be covered, but make sure you get full documentation from the club. Dues or fees for participation in aerobic/fitness activities not in a qualified club, as well as fees for personal training, lessons, coaching, and exercise equipment or clothing purchases will not be covered.

MAXIMUM BENEFIT

The program will reimburse 50% of the monthly dues (or class fee) to a maximum of \$150 per year per family. It is best to incur at least \$300 in gym membership fees, so that you will receive the \$150 reimbursement in one payment to your bank account on file with PA (the same account that is used for your direct deposit paycheck). Please note that the reimbursement is considered a taxable benefit. Therefore, the \$150 will be considered taxable income to you, subject to withholding taxes.

HOW DO I CLAIM REIMBURSEMENT?

After you have incurred the expense (i.e. once the period for which you are paying the fees has passed), please submit this expense through PA's **Concur** system as follows:

- Under expense type, select "Medical fees", as this is part of PA's US wellness plan
- Under business purpose, enter "2016 US health incentive"
- Under job code, use the job code for your practice

Please attach the following items to your submission:

- One Health Incentive Form answering all questions.
- Dated receipts from your health club, or copies of bank or credit card statements if you pay by electronic fund transfer showing:
 - The member's name
 - Individual charges for each membership or class

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SUBSCRIBER INFORMATION (Person in whose name coverage is held)

Last name	First Name	Social Security Number
Address – Number and Street	City, State	Zip

MEMBER INFORMATION

Last Name	First Name	Date of Birth	Gender
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CLUB/CLASS INFORMATION REQUIRED (Please attached itemized receipts and a copy of your health club contract to this form).

Name & Address of Health Club	Benefit Year*	Amount Charged
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*A 12 month period beginning January 1 and ending December 31.

TOTAL NUMBER OF RECEIPTS ATTACHED: _____ Total charges: \$ _____

The health incentive reimbursement will be sent to the Subscriber's address listed above.

WHEN TO SUBMIT THIS FORM

You may submit this form at any time after charges have been incurred for the period in question. Your reimbursement will not be processed for any pre-payment of club/class dues.