Kingston Trust Fund
844-KTF-FUND

CLAIM FORM FOR REIMBURSEMENT OF HEALTH CLUB DUES

Name of Plan: **KINGSTON TRUST FUND**

Member Name: _____ Member ID#: _____

I certify that (select one) **[ ] I; [ ] my family; [ ] my spouse and I** had a health club membership the period of _____ to _____ and that I/we have actively participated at the health club for the past 12 month period. Verification of my/our membership in the _____ Club along with proof of payment for the annual dues of $_____ is attached.

I/We understand that the purpose of the Wellness benefit under the plan is to encourage members to pursue a more active lifestyle and to get regular exercise and I/we have, in good faith, used our membership in the above health/fitness club accordingly for the past year.

Member's Signature: _____ Date: _____

Attachments Required: Showing Proof of Annual Membership and Proof of Dues Paid

Mail Claim to: SYNTONIC – KTF CLAIMS
111 JOHN STREET, SUITE 1700
NEW YORK, NY 10038