



Kingston Trust Fund  
844-KTF-FUND

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### 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

Email Claim to: [appeals@ktftrustfund.com](mailto:appeals@ktftrustfund.com)

OR

Mail Claim to: KINGSTON TRUST FUND  
416 CREEKSTONE RIDGE  
WOODSTOCK, GA 30188