NVRH Wellness Benefit Program

Reimbursement Form

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person applying for the benefit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit Year:\_\_\_\_\_\_\_\_\_\_\_\_

Please check program benefit type:

\_\_\_\_\_ Fitness Programs/Personal Trainer

\_\_\_\_\_ Activity Trackers (FitBit, Garmen, Jawbone etc.)

\_\_\_\_\_ Ski Pass (Burke)

\_\_\_\_\_ Snowshoes/Skis

\_\_\_\_\_ Trails Use Pass (E Burke SC/Kingdom Trails)

\_\_\_\_\_ Golf passes or membership

\_\_\_\_\_ Equipment

\_\_\_\_\_ Wearables, sport gear protective equipment

\_\_\_\_\_ Sneakers/shoes/boots for running, walking and trails

\_\_\_\_\_ Monitored Weight Loss Programs/Nutrasystem/Jenny Craig/ Weight Watchers

\_\_\_\_\_ Heart Healthy OR Prevent T2: Diabetes Prevention Program (Attach the contract)

\_\_\_\_\_ Massage, Reiki, Yoga, Meditation

\_\_\_\_\_ Naturopathic therapies

\_\_\_\_\_ Holistic treatments

\_\_\_\_\_ Health & Wellbeing workshops and seminars

\_\_\_\_\_ Race entry fees

\_\_\_\_\_ Cookbooks (promoting health)

\_\_\_\_\_ CSA

\_\_\_\_\_ Wellness Calendar Activity

Name of class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Receipt attached for $\_\_\_\_\_\_\_

Amount for reimbursement: $\_\_\_\_\_\_\_\_\_ File checked for previous reimbursements: \_\_\_\_\_\_\_

Entered in Reimbursement File:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maximum benefit $200.00 per calendar year for FT & PT Benefits Eligible Employees.**

Signature of Approval by Benefits & Payroll Manager:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Date\_\_\_\_\_\_\_\_\_\_\_\_\_