**Wellness Incentive Program**

**Reimbursement Request Form**

**Maximum Benefit $600/employee/calendar year.**

Date: Click or tap to enter a date.

Employee Name: Click or tap here to enter text.

I am requesting 50% Reimbursement for (Check One):

Gym or health club memberships (Virtual memberships will be considered)

Entry fees for fitness-related events (Muddy Girl, Color Runs etc.)

The purchase of **home** fitness equipment (i.e., treadmills, stationary bikes, stair-steppers, elliptical machines)

The purchase of activity trackers (i.e., Fitbit, Garmin)

On-site and off-site massages

Sneakers or walking shoes

For the gym/health club benefit only, family memberships are included; all other reimbursements above are for the employee only.

Requests will be considered by management with following guidelines below:

1. Ability to utilize equipment or service at any time all year long, cannot be seasonal equipment (i.e., snow skis, boats are seasonal and will not be considered).
2. Apply to above reimbursement list as a related product or service.
3. Management reserves the right to approve or deny any request.
4. Both full and part-time staff are eligible, beginning on the date of hire, must be in good standing, and for whom continued employment is anticipated.

Provide this form to the Human Resources Dept for approval: Attach receipt of payment in full; ARIS will reimburse you through Payroll on the next scheduled pay day. Appropriate state and federal taxes will be withheld.

Employee Signature Date

Human Resources Approval Date