



Wellness Reimbursement Form

Regular exercise and healthy eating are important aspects of wellness. Racine County would like to support your efforts in getting healthy. Employees and Retirees who are enrolled in Racine County health insurance are eligible for reimbursement of health club membership fees of up to \$250.00 per family (employee/retiree or spouse) per calendar year and weight loss program fees of up to \$250.00 per family (employee/retiree or spouse) per calendar year. Humana Retirees are NOT eligible for this reimbursement.

**This reimbursement will be included on an employee's paycheck.
Retirees will be paid by check sent via mail.**

For Health Club Reimbursement

- Submit the reimbursement form along with proof of payment to an authorized fitness center/health club, personal trainer, or online fitness subscription recognized by the IRS.
- To be reimbursed you must show proof that you participated at least 75 times during the current year. Once you have the 75 visits you may submit your reimbursement form.

For Weight Loss Program Reimbursement

- Submit the reimbursement form along with receipt of payment to a weight loss program. This includes online weight loss programs.
- Food, vitamins, and shots are not reimbursable.

It is your responsibility to complete the reimbursement form and provide this proof to Human Resources. Reimbursements must be submitted by **December 1st of each year.**

If you have any questions, please contact HR at (262) 636-3980 or humanresources@racinecounty.com.

Let's get healthy!!



Wellness Reimbursement Form

Please print the following:

- Health Club Reimbursement (Up to \$250.00 per calendar year) Weight Loss Program Reimbursement (Up to \$250.00 per calendar year)

Employee/Retiree Name: _____

Address: _____

Email Address: _____

Reimbursement Period:

From: _____ (month/year) To: _____ (month/year)

You must attach receipt of payment and proof of attendance for this reimbursement and send to:

Racine County
Human Resources
730 Wisconsin Avenue, 7th Floor
Racine, WI 53403

If you have any questions, please contact HR at (262) 636-3980 or humanresources@racinecounty.com.

Deadline to submit for reimbursement is **December 1st of each year.**

HR/Payroll Use Only:

Approved Amount Approved \$ _____

Not Approved; Reason: _____

Health Contribution for Time Period Above: \$ _____

HR Manager Signature: _____ Date: _____