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| **Get reimbursed up to $100 per fiscal year (March - February) for eligible wellness expenses.**   |

**Who Qualifies?**

All regular, part-time and full-time Simon Pearce employees who have completed 30 days of employment

**What Qualifies?**

* Specific equipment or technology needed to reach wellness goal:
	+ home exercise equipment, kayak, bicycle, fitness tracker, sneakers, audio/video/books/apps related to fitness, exercise, self-help
* Fee to access physical fitness resource:
	+ fitness class/membership, trail pass, golf greens fee, weight loss program
* Cost associated with wellness service:
	+ personal training, financial planning, massage, nutrition consult
* Registration fee to participate in a walk/run/cycle event
* Community Supported Agriculture (CSA) participation

**Submission Process**

* Complete the Wellness Reimbursement Form
* Include dated receipts for proof of purchase during the current fiscal year
* Submit completed form and supporting documentation to Amanda Alexander, Payroll Specialist

**Important Information**

* Expenses must be for the employee and not family members
* At the time of reimbursement, you must be an active employee
* Expenses submitted must be incurred during the current fiscal year
* Reimbursements will be processed through payroll. Per IRS guidelines, wellness reimbursements are considered taxable wages and will be subject to Social Security and Medicare taxes, and federal and state income tax withholding
* This program may be subject to change or may be discontinued at any time
* Handwritten receipts on blank paper will not be accepted

**Questions?**

Contact Amanda Alexander @ ext. 2433 or amanda.alexander@simonpearce.com

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| **Employee Information** |
| **Employee Name:**  |  |
| **Department:** |  |
| **Date of Hire:** |  |

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| **Reimbursement Information****(Receipt of purchase MUST be submitted with this form for reimbursement)** |
| **Reimbursement Amount:** (subject to payroll taxes) | **Type of Reimbursement:** |
| **$** | **Specific equipment or technology needed to reach wellness goal:** *home exercise equipment, kayak, bicycle, fitness tracker, sneakers, audio/video/books/apps related to fitness, exercise, self-help* |
| **$** | **Fee to access physical fitness resource:** *fitness class/membership, trail pass, golf greens fee, hunting + fishing licenses, weight loss program*  |
| **$** | **Cost associated with wellness service:** *personal training, financial planning, massage, nutrition consult* |
| **$** | **Registration fee** to participate in a walk/run/cycle event |
| **$** | **Community Supported Agriculture (CSA)** participation |

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| **Employee Signature and Date:** |  |

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| **For Human Resources use only** |
| **Reimbursement Approved:** | \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No |
| **Date Approved:** |  |
| **Date Processed with Payroll:** |  |