

HOG SLAT WELLNESS PLAN FITNESS CENTER REIMBURSEMENT PROGRAM – IF NO PRINT OUT AVAILABLE

Employee/Participant Name: _____ Work Location: _____

Email Address: _____

Name and Location of Fitness Center: _____

Year: 20__ Three Consecutive Months: _____

Employee/Participant: Please put a check mark by each date that you attended your facility and were involved in physical activity (group or individual workout), or submit your facility’s own computer-generated or other internal attendance tracking record. **YOU MUST COMPLETE 20 DAYS OF WORKOUTS.**

MONTH 1 _____				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

MONTH 2 _____				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

MONTH 3 _____				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

“I certify that the above is a true and accurate representation of attendance and participation by this individual”
(minimum of 20 visits required).

Fitness Center Representative - REQUIRED SIGNATURE

Date

Employee/Participant

Date

INSTRUCTIONS TO EMPLOYEE:

1. Reimbursement requests must be submitted at the end of the three month period.
2. Hog Slat will reimburse you for up to \$50 of your fitness center membership fee per three month period. This amount is added to your paycheck and is subject to taxation.
3. If you and your spouse are participating in this program, you must fill out two reimbursement forms or submit two facility attendance records. NOTE – employee and spouse must each work out 20 times per three month period in order to receive the \$75 level of reimbursement.
4. Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Hog Slat HR office and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.