

City of Manitowoc Wellness Team – Fitness Reimbursement Program Form

EMPLOYEE INFORMATION

Employee Last Name, First Name: _____

City Department: _____ Employee Id #: _____

Employment Status: Full Time Part Time City of Manitowoc Health Insurance Plan Participant: Yes No

PROOF OF ATTENDANCE

Name of fitness facility / program /Instructor: _____

Fitness Facility Membership Group Fitness Program Personal Instructor

I am an existing member / participant since (date): _____

I am a new member / participant since (date): _____

Reimbursement Quarter requested:

1st Quarter (January, February, March)

3rd Quarter (July, August, September)

2nd Quarter (April, May, June)

4th Quarter (October, November, December)

Month 1 of 3 of the Quarter _____ # of Works Outs

Proof of Attendance Attached

Month 2 of 3 of the Quarter _____ # of Works Outs

Proof of Attendance Attached

Month 3 of 3 of the Quarter _____ # of Works Outs

Proof of Attendance Attached

Proof of Attendance may include computer printouts, punch cards or activity logs.

**A Fitness facility representative, Group fitness program instructor or Personal Trainer shall sign and date the Proof of Attendance affirming that all of the attendance information is complete and true to the best of his or her knowledge.*

SIGNATURE REQUIRED

Employee Signature: _____ Date: _____

I attest that the information on this form and the attached attendance documentation is true and accurate and the services were received and paid for. I acknowledge that if any information on this form is misleading or fraudulent I will be ineligible to participate in any future wellness reimbursement programs and will be responsible for reimbursing the City of Manitowoc for fitness reimbursements received. I understand the City of Manitowoc may request any additional information it deems necessary to verify services were received and payment was made. I also understand the fitness reimbursement will be added to my next paycheck and applicable taxes will be deducted.

SUBMIT FORM AND DOCUMENTATION TO HUMAN RESOURCES

Fitness Reimbursement Form complete

Attendance Documentation complete

Approved Reimbursement Amount \$ _____

1st Quarter Due April 10th (January, February and March)

2nd Quarter Due July 10th (April, May and June)

3rd Quarter Due October 10th (July, August and September)

4th Quarter Due January 10th (October, November and December)

If the 10th day of the month is a Saturday or Sunday then the form and attendance documentation are due the Friday prior to the 10th.