

ONLINE NUTRITION/FITNESS PROGRAM REIMBURSEMENT

Benefit eligible employees may request reimbursement of up to \$50 per calendar year for an online nutrition or fitness program. Eligible online programs include: Weight Watchers, Noom, Beachbody, Peloton, etc. To qualify for reimbursement, a wellness screening must be completed during the same year. To see if a program qualifies, contact the Benefits Clerk at 419-354-1373 or email wellness@woodcountyohio.gov.

Employee Name: _____ Department: _____

I hereby request reimbursement for the following program purchased under the Online Nutritional/Fitness Program. Payments will be processed on a quarterly basis based on receipt of submission and completion of the required wellness screening. Requests for reimbursement for a 2025 program must be submitted by January 15, 2026.

Type of Program Online Nutrition Program Online Fitness Program

Name of Program

Purchase Date

Note: The purchase date must be within the calendar year 2025 and you must complete the Wellness Screening and follow-up appointment on/or before December 31, 2025 to qualify for reimbursement.

Purchase Price

Subscription Length

I understand that I must submit this completed form along with the following:

- **Detailed receipt for requested reimbursement.** (Itemized document noting employee's name, date, and cost.)

I understand that program fee reimbursement is not available without completion of a Wellness Screening. Fees incurred prior to my insurance effective date are also not eligible for reimbursement.

I also acknowledge that any reimbursement from this program will be reported as a taxable fringe benefit and I must be eligible for insurance coverage at the time of reimbursement. I understand that this completed form and required attachments must be submitted by the deadline noted above.

Employee Signature: _____ Date: _____

Return completed form to the Commissioners' Office or email wellness@woodcountyohio.gov. Late submissions will not be accepted.

FOR ADMINISTRATIVE USE ONLY - Do not write below this line

This request is being returned to you ineligible due to the following: No receipt Other _____
You have until _____ to resubmit for reimbursement.

Request not eligible for reimbursement due to: Received after deadline Member not eligible

Request eligible for reimbursement as noted:

Wellness Screening Completion Date	
Reimbursement Requested	\$
Available Reimbursement (up to \$50/year check for any previously used reimbursement during year)	\$
Total Reimbursed	\$
Remaining Reimbursement	\$

Initials _____ Date _____