



Healthy Decisions
Choose Well. Live Well.

Reimbursement Request Form

The 2018 reimbursement is \$125 per household for Healthy Decisions active participants.

Step 1-Program Information

Wellness Class/Program/Activity

- Is this an approved wellness class/activity?
- I have enclosed my proof of payment of this program?

Step 2-Participant Information

Healthy Decisions Wellness Employee Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Date: _____

Step 3-Reimbursement Information

Reimbursement Information

Class/Facility-Gym/Service Vendor Name: _____

Participation or Date of Service Time – From: _____ to: _____

Number of classes in program: _____

Amount requested for reimbursement: _____

Step 4-Submitting Reimbursement Form

Mail this and any additional applicable forms to Employee Health attn: Healthy Decisions Wellness or drop off in the Employee Health office, 10 High Street Suite 305

Info can also be faxed to 795-5688

***** All reimbursements for 2018 are due by Dec 31st, 2018. Submissions made after the end of the year cannot be processed.**

Please note, activities/reimbursements with a 2017 date of payment can no longer be processed as of January 1st 2018.