



Dane County Health & Wellness Reimbursement Information

Reimbursements are funded from the \$50,000 wellness funds the county receives under its contract with Dean Health Plan. The budget for this program is \$24,000.00 for the year (\$6,000 for each quarter), payable to employees first-come, first-served and once this funding is gone for the quarter, reimbursements cannot be approved.

The following options are available for reimbursement. Upon submission of proof of payment/required information, **you will receive up to 50% of your paid amount, up to a max total of \$75.** You may submit your reimbursement from one category or multiple categories, but **your total overall reimbursement cannot exceed \$75 for the year.** **Note:** You may submit for the other reimbursements as well.). You must be actively employed with Dane County for the items that are being submitted for reimbursement.

Community Supported Agriculture: When you sign up for a CSA Share, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the CSA.

Wellness App: When you purchase a wellness app (i.e., meditation, fitness, etc.), the county will reimburse you. You will need to include proof of payment.

Seed/Seedling Purchases: Employees may request reimbursement for the purchase of consumable seeds/seedlings for a personal garden (flowers excluded). A receipt is needed for reimbursement with purchases highlighted or circled.

Fresh Fruit/Veggie Purchases: Employees may request reimbursement for the purchase of fresh fruits and veggies from the grocery store or Farmer's Market. A receipt is needed for reimbursement with purchases highlighted or circled.

Fitness Event: When you register for a fitness event, such as an organized run/walk (Color Run, Crazy Legs), cycling event (AIDS Ride), triathlon, karate tournament, etc., the county will reimburse you. **This program does not include fitness classes through a gym or leagues.* You will need to include event information and proof of payment.

Weight Loss Program: When you register for a nutrition based weight loss program, such as Jenny Craig, Nutrisystem, Weight Watchers, 2B Mindset, nutrition program through a gym, etc., the county will reimburse you. (NOTE: Weight Loss programs should include nutrition based portion, along with one-on-one or online coaching sessions and group sessions). **The County will not reimburse for any food/vitamin supplements.* Proof of payment & information of program is required.

Fitness Tracker: When you purchase a fitness tracker, the county will reimburse you. The device must at a minimum track steps/mileage & calories. You will need to include proof of payment (i.e., receipt).

Athletic Shoes: When you purchase a pair of athletic/fitness shoes, the county will reimburse you. You will need to include proof of payment (i.e., receipt).

Hunting/Fishing License: When you purchase a hunting and/or fishing license, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the license.

Trail/State Park Pass: When you purchase a state park sticker and/or state or county trail pass, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the pass. Note: Only Wisconsin-related passes will be reimbursed.



**Dane County
Health & Wellness Reimbursement FORM**

All reimbursements require the approval of Employee Relations. Complete the form below and submit it to Employee Relations (CCB room 418) or email it to Katelyn Thurs (thurs.katelyn@countyofdane.com).

Once you receive the approved form back from Employee Relations, you need to record the amount of the approved reimbursement as pay code WLR on your employee exception report/time sheet (Sheriff's Office no code). You then attach the **original** copy of the signed reimbursement form to your exception report/time sheet. The reimbursement will show up on your paycheck, net of any taxes withheld.

Employee Name: _____ Department: _____

Employee Work Location: _____ Phone Number: _____

Requested Reimbursement Category(s):	What to Include:
<input type="checkbox"/> CSA	Proof of payment
<input type="checkbox"/> Wellness App	Proof of payment
<input type="checkbox"/> Seed/Seedling Purchases	Proof of payment with items highlighted or circled
<input type="checkbox"/> Fruit/Veggie Purchases	Proof of payment with items highlighted or circled
<input type="checkbox"/> Fitness Event	Proof of payment & Event information
<input type="checkbox"/> Online Fitness Program	Proof of payment & Program Information
<input type="checkbox"/> Weight Loss Program	Proof of payment & Program Information
<input type="checkbox"/> Fitness Tracker	Proof of payment
<input type="checkbox"/> Athletic Shoes	Proof of payment
<input type="checkbox"/> Hunting/Fishing License	Proof of payment
<input type="checkbox"/> Trail/State Park Pass	Proof of payment

Total Amount You Paid: \$ _____ Total Amount Reimbursed: \$ _____

Employee Signature: _____ Date: _____

Employee Relations Approval Signature: _____

Date of Approval: _____