



Dane County 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 \$46,000.00 for the year (\$11,500 for each quarter), payable to employees through a **Wellness Lottery Program**. The remaining \$4,000 from the wellness funds will be used to purchase wellness prizes and memberships to support the wellness program (whatever amount is not used will be added to the bucket for Q4).

The following options are available for reimbursement. Upon submission of proof of payment and/or required documentation, **you will receive up to 50% of your paid amount, up to a max total of \$150**. You may submit your reimbursement from one category or multiple categories, but **your total overall reimbursement cannot exceed \$150 for the year**. **Note:** You can participate in multiple quarters, if needed, in order to get the max of \$150 for the year. You must be actively employed with Dane County for the purchasing of items that are being submitted for reimbursement with a few exceptions (i.e. CSA, Trail/State Park Pass).

Community Supported Agriculture: Must include proof of payment (i.e. receipt) for the CSA Share.

Wellness App: Must include proof of payment for the wellness app (i.e. meditation fitness, etc.).

Seed/Seedling Purchases: Purchases of consumable seeds/seedlings for a personal garden (flowers excluded) qualify. Must include proof of payment with purchases **highlighted or circled**.

Fresh Fruit/Veggie Purchases: Purchases of fresh fruits and veggies from the grocery store or Farmer's Market qualify. Must include proof of payment with purchases **highlighted or circled**.

Fitness Event: Registering for a fitness event, such as an organized run/walk (Color Run, Crazy Legs), cycling event (AIDS Ride), triathlon, karate tournament, etc., would qualify. Must provide proof of payment along with event information. **This program does not include fitness classes through a gym or leagues.*

Weight Loss Program: Registering for a nutrition based weight loss program, such as Jenny Craig, Nutrisystem, Weight Watchers, 2B Mindset, nutrition program through a gym, etc., would qualify. Must provide proof of payment and program information. (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.*

Fitness Tracker: Must include proof payment (i.e. Receipt). The device must at a minimum track steps/mileage & calories.

Athletic Shoes: Purchase a pair of athletic/fitness/hiking shoes and include proof of payment (i.e. receipt).

Hunting/Fishing License: Must include proof of payment (i.e. receipt) for the license.

Trail/State Park Pass: Purchase a state park sticker and/or state or county trail pass and include proof of payment (i.e. receipt) for the pass.

Fitness Equipment: Rent or purchase fitness equipment for yourself. This could include things like a kayak, bike, weights, home gym items, sports equipment, fishing poles, golf clubs, skis or snowshoes, etc. Must include proof of payment (i.e. receipt).

Gym/Fitness Center/Class: Joining a gym, fitness center or attending a fitness class would qualify. Must include proof of payment (i.e. receipt, contract or bank statement).



**Dane County
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@danecounty.gov).

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
<input type="checkbox"/> Fitness Equipment	Proof of payment
<input type="checkbox"/> Gym/Fitness Center/Class	Proof of payment

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

Employee Signature: _____ Date: _____

ER Approval Signature: _____ Date of Approval: _____