COMMUNITY SPONSORED FITNESS EVENT REIMBURSEMENT

Benefit eligible employees may request reimbursement for community sponsored fitness event including 5K runs, Bike to the Bay, etc. If you're unsure if an event qualifies, contact the Benefits Clerk at 419-354-1373 or email wellness@woodcountyohio.gov.

Employee Name: _____ Department: _____

I hereby request reimbursement under the Community Sponsored Fitness Event for events completed during the calendar year 2026. Payments will be processed on a quarterly basis based on receipt of submission. All requests for reimbursement for a 2026 event must be submitted by January 15, 2027.

Reimbursement Maximum: Up to $30 per event. Reimbursement is limited to two events per year.

Reimbursement/Processing periods: 1st Quarter -- **Deadline: April 15** 2nd Quarter -- **Deadline: July 15**
3rd Quarter -- **Deadline: October 15** 4th Quarter -- **Deadline: January 15**

PARTICIPATION VERIFICATION

I certify participation in the following Community Sponsored Fitness Event**.**

Name of Event _____

Sponsored By _____

Event Date _____

Authorized Signature: _____ Date: _____
or submit printed race results or other printed proof of participation

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

- **Detailed receipt for requested reimbursement.** (Itemized printed document noting name, date, and cost.) The amount reimbursed shall not exceed the amount paid for the specified period. Only costs associated with the employee's registration and fees are eligible for reimbursement (e.g., registration, processing fees and tax). Donations are not eligible for reimbursement.
- **Verification of participation:** printed race results or signature above verifying participation.

I understand that reimbursement is not available for fees prior to my insurance effective date. 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. ☐ No participation verification received

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

☐ Request eligible for reimbursement as noted:

Total Reimbursement Requested - Total of Registration for employee only/Fees/Tax	
Available Reimbursement Check for any previously used reimbursement during year – Limited to two events/year	$ 30.00
Total Reimbursed	$

☐ 2026 Reimbursement #1 ☐ 2026 Reimbursement #2 Initials _____ Date _____