

## 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](mailto: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](mailto: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 \_\_\_\_\_