

CAPITAL

FITNESS AND WEIGHT LOSS REIMBURSEMENT PROGRAM/FORM

Program Guidelines:

- Regular full-time employees after 90 days of employment are eligible for this program
- Reimbursement is limited to a maximum of \$175 annually for 12-month period from October 1 to September 30.
- Reimbursements may be for
 - Membership fees/dues or monthly fees/dues to local health clubs (such as YMCA, LA Fitness, Curves, Bally), or
 - Member fees/dues or meeting fees/dues to weight loss programs **that do not offer medical supervision or advice** (such as Jenny Craig, Weight Watchers, LA Weight Loss, etc.)

NOTE: Food or vitamin supplements are not reimbursable.

- The employee must be actively employed by Capital at the time the reimbursement is requested.
- One reimbursement per 12 month period (12 month period is from October 1 to September 30)
- Reimbursement Request Section below must be completed with paid receipts attached for membership/meeting fees
- The Reimbursement Request form and copies receipts showing employee's name as recipient must be forwarded to the Corporate Human Resource Director through the Division's Office Manager or Human Resource Assistant
- Corporate Human Resource Department may request that you provide a description of the health club or weight loss program for which you are requesting reimbursement if it is not described on the receipt.
- Reimbursements must be submitted to corporate by September 1st of the benefit year
- Reimbursement will be taxable and included on a future payroll check.

Fitness and Weight Loss Reimbursement Request:

Employee Name (printed)

Branch

Employee No.

I am requesting reimbursement in the amount of \$_____, for the following attached receipt(s):

_____ Fitness/Health Club Membership Fees/Dues

_____ Weight Loss Program Membership or Meeting Fees/Dues

Signature of Employee

Date

Division Authorization

Date

HR Director Authorization

Date

Payroll Reimbursement Date _____