



Healthy Choices Reimbursement Form

The Emerald Coast Utilities Authority offers reimbursement to employees for making healthy choices to improve health and wellness.

To be completed by Employee

Employee: _____ Employee ID: _____

Department: _____

HEALTH AND FITNESS ACTIVITIES

Check the box below to indicate the activity for which you are requesting reimbursement:

- Membership with a gym or fitness center
- Exercise class or activity (e.g., Zumba, Spinning, Aquatic, Aerobic, Dance, Karate, Pilates, or Yoga)
- Golf lessons
- Tennis lessons
- Walk/Run Event (e.g., organized event; charitable fundraiser)
- Other fitness activities which meet eligibility criteria under this program's guidelines

Fee paid (attach itemized receipt): _____

Requested reimbursement amount: _____

TOBACCO CESSATION

Complete the section below to designate the tobacco cessation aid or tobacco cessation program for which you are requesting reimbursement:

	<u>Fee Paid</u>
<input type="checkbox"/> Tobacco Cessation Aid	
_____ Nicotine Inhaler	\$ _____
_____ Nicotine Gum	\$ _____
_____ Nicotine Patch	\$ _____
_____ Prescription: _____	\$ _____
_____ Other: _____	\$ _____
<input type="checkbox"/> Tobacco Cessation Program	\$ _____
- Program Title: _____	
- Name & Phone Number of Provider: _____	

Total (attach itemized receipt) \$ _____

WEIGHT MANAGEMENT

Check the weight management option for which you are requesting reimbursement and list the name of the program below:

- Commercial weight management programs (e.g., *Weight Watchers*, *Jenny Craig* or *Nutri-System*)
- Physician-directed weight management programs
- Group programs offered by nonprofit organizations (e.g., church or school-based programs)
- Local gym, hospital, or community center programs
- National Health Organization sponsored programs (e.g., one that promotes a diet that is healthy for your heart)
- Internet-based or online diets which meet eligibility criteria

List name of weight management program: _____

Fee paid (attach itemized receipt): _____

Requested reimbursement amount: _____

Please read before signing.

The Healthy Choices Reimbursement Program is intended to promote and encourage engagement in making healthy choices. It is not intended as an endorsement by the ECUA of any particular program or activity.

I certify that I paid the fee(s) listed and I have not otherwise, nor will I otherwise, be reimbursed for the fee(s) from any other source. I have attached my receipt(s) and hereby request reimbursement in the amount of \$ _____.

I further certify that payment for the cost of the tobacco cessation program, tobacco cessation aid, weight management program, or health and wellness activities, will not be claimed as a credit on my personal income tax return.

Employee Signature: _____ **Date:** _____

Send completed form to the Human Resources & Administrative Services Department.

To be completed by Human Resources and Administrative Services

The documents submitted in conjunction with this request for reimbursement are verified and comply with the established guidelines for reimbursement under the Healthy Choices Reimbursement Program.

Employee Requesting Reimbursement: _____

ID#: _____

Department: _____

Approved Reimbursement amount: \$ _____

Human Resources Representative: _____

Signature

Name printed

Date: _____

Approved Reimbursement Notification

Finance Department notified: _____ (date)

For Human Resources and Administrative Services use only

Form Distribution

Original:

- Medical File (Tobacco cessation requests)*
- Benefits File (Health & fitness and weight management requests)*

Copy:

- Employee (Pages 1-3)*