



## LAKESIDE INDUSTRIES WELLNESS PROGRAM

### Reimbursement Form



Lakeside Industries will provide reimbursement not to exceed \$600 per calendar year (January 1–Dec 31) for qualified employees. Covers participation in wellness related activities. Maximum of \$100.00 reimbursement for equipment. New hires will receive a prorated reimbursement amount based on their hire date. Proof of active participation is required.

*\* Please refer to the Reimbursement Policy for full detail of eligible reimbursements.\**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

#### Submission and Reimbursement Process:

1. Submit a copy of the facility's bill showing the cost and your proof of payment.
2. Gym membership requires proof of a minimum of 6 visits per month or 18 quarterly. Provide a date log of your visits.
3. Club passes and subscriptions require proof of use. Provide a date log of your visits and/or screenshots acceptable.
4. Submit this form along with payment receipts to Human Resources by the deadline each quarter. Must be turned in to HR no later than the dates below. Otherwise, the reimbursement will be processed the following quarter. (If one of these dates falls on a Saturday or Sunday, the due date is the following Monday.)

Deadline for Submission	Date reward distributed
April 7, July 7, Oct 7, Jan 7	Next available payroll date.

5. Reimbursement requests for expenses must be within the current benefit year.
6. If reimbursement is paid for annually, you must submit for current quarter only. Reimbursement will not be paid up front for the entire year.
7. Reimbursements will be taxed as a taxable fringe benefit per IRS regulations. You will see the amount that Lakeside pays for the reimbursement added to your taxable income under earnings description titled **Wellness** on your pay stub at the time you receive your reimbursement.

#### Submit:

- Wellness Reimbursement Form
- Gym/class attendance records or logs, digital screenshots
- Proof of payment or purchase

**My signature below indicates that the information submitted in this request is true and accurate. I understand that falsification of information could result in the loss of the Wellness Program rewards in future months.**

Amount requesting:

\$ \_\_\_\_\_ reimbursement\* (gym memberships, classes, etc.)

+

\$ \_\_\_\_\_ equipment\* (footwear, fitness equipment, fitness/wellness tracker)

=

\$ \_\_\_\_\_ **TOTAL AMOUNT REQUESTING FOR REIMBURSEMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Lakeside Industries, Inc. reserves the right to amend, modify or discontinue this program at any time and to determine whether any reimbursement qualifies for reimbursement.*

**For HR Use Only:** Total Approved Reimbursement \$ \_\_\_\_\_ Notes: \_\_\_\_\_