



Dane County Gym Reimbursement Information

Join a gym or fitness center, or attend a fitness class and get reimbursed! Reimbursements are funded from the \$50,000 wellness funds the county receives under its contract with Dean Health Plan. The budget for this program is \$12,000.00.

Upon submission of proof of payment **and** visits, you will receive up to **\$30/Quarter** of your paid amount, up to a max total of **\$120/year**. **You may submit your payment and visits quarterly, or less often, but reimbursements will be paid on a first-come, first-serve basis, and once this funding is gone, reimbursements cannot be approved.**

Note: You may submit this reimbursement, as well as the Health & Wellness Reimbursement (CSA, Fruit/Vegs, Shoes, etc.) & Fitness Equipment Reimbursement.

To receive this monthly incentive, participants must submit:

- **Proof of Payment:** A receipt, contract or bank statement for the gym membership must be provided. Only months that have passed, not future months, will be reimbursed.
- **Proof of Use:** You must show documentation that you used the membership at least 24 separate days in a Quarter. Most fitness facilities can provide a print-out of your usage or you may have a staff member sign off on the dates on Page 2 with their name on the form. You also can count your at home workouts as long as you are still paying for the gym membership.

You must be actively employed with Dane County for the dates that are being submitted for reimbursement.

Gym Reimbursement FORM

All reimbursements require the approval of Employee Relations. Complete the form below and submit it to Employee Relations (CCB room 418).

Once you receive the approved form back from Employee Relations, you need to record the amount of the approved reimbursement as pay code WLR on your employee exception report/time sheet (Sheriff's Office no code). You then attach the **original** copy of the signed reimbursement form to your exception report/time sheet. The reimbursement will show up on your paycheck, net of any taxes withheld.

Employee Name: _____ Department: _____

Work Location/Room #: _____ Visits/Workouts Attached: (≥24 days/month)

Quarter Submitting for: Q1: Jan. – March Q2: April – June Q3: July – Sept. Q4: Oct. – Dec.

Total Amount You Paid \$: _____ Total Amount Reimbursed: \$ _____

Employee Signature: _____ Date: _____

Employee Relations Approval Signature: _____

Date of Approval _____



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If you are unable to get a printout proving your usage, you may ask an employee at the fitness center to complete the following to attest for you. You also can use this form to list the dates of your at home workouts.

I, confirm that (print employee's name) _____ has used his/her membership on the dates listed below:

Date:	Date:	Date:

Fitness Staff Name (please print): _____

Fitness Staff Signature: _____

Date: _____