



## Dane County Health & Wellness Reimbursement Information

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, payable to employees first-come, first-served and once this funding is gone, reimbursements cannot be approved.

The following options are available for reimbursement. Upon submission of proof of payment/required information, **you will receive up to 50% of your paid amount, up to a max total of \$75.** You may submit your reimbursement from one category or multiple categories, but **your total overall reimbursement cannot exceed \$75 for the year.** **Note:** You may submit for the other reimbursements as well.). You must be actively employed with Dane County for the items that are being submitted for reimbursement.

**Community Supported Agriculture:** When you sign up for a CSA Share, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the CSA.

**Wellness App:** When you purchase a wellness app (i.e., meditation, fitness, etc.), the county will reimburse you. You will need to include proof of payment.

**Seed/Seedling Purchases:** Employees may request reimbursement for the purchase of consumable seeds/seedlings for a personal garden (flowers excluded). A receipt is needed for reimbursement with purchases highlighted or circled.

**Fresh Fruit/Veggie Purchases:** Employees may request reimbursement for the purchase of fresh fruits and veggies from the grocery store or Farmer's Market. A receipt is needed for reimbursement with purchases highlighted or circled.

**Fitness Event:** When you register for a fitness event, such as an organized run/walk (Color Run, Crazy Legs), cycling event (AIDS Ride), triathlon, karate tournament, etc., the county will reimburse you. *\*This program does not include fitness classes through a gym or leagues.* You will need to include event information and proof of payment.

**Online Fitness Program:** When you register for an online fitness program, such as Peloton, Beachbody, etc, the county will reimburse you. You will need to include proof of payment (monthly or yearly) along with program info.

**Weight Loss Program:** When you register for a nutrition based weight loss program, such as Jenny Craig, Nutrisystem, Weight Watchers, 2B Mindset, nutrition program through a gym, etc., the county will reimburse you. (NOTE: Weight Loss programs should include nutrition based portion, along with one-on-one or online coaching sessions and group sessions). *\*The County will not reimburse for any food/vitamin supplements.* Proof of payment & information of program is required.

**Fitness Tracker:** When you purchase a fitness tracker, the county will reimburse you. The device must at a minimum track steps/mileage & calories. You will need to include proof of payment (i.e., receipt).

**Athletic Shoes:** When you purchase a pair of athletic/fitness shoes, the county will reimburse you. You will need to include proof of payment (i.e., receipt).

**Hunting/Fishing License:** When you purchase a hunting and/or fishing license, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the license.

**Trail/State Park Pass:** When you purchase a state park sticker and/or state or county trail pass, the county will reimburse you. You will need to include proof of payment (i.e., receipt) for the pass. Note: Only Wisconsin-related passes will be reimbursed.



**Dane County**  
**Health & Wellness 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: \_\_\_\_\_

Employee Work Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requested Reimbursement Category(s):	What to Include:
<input type="checkbox"/> CSA	Proof of payment
<input type="checkbox"/> Wellness App	Proof of payment
<input type="checkbox"/> Seed/Seedling Purchases	Proof of payment with items highlighted or circled
<input type="checkbox"/> Fruit/Veggie Purchases	Proof of payment with items highlighted or circled
<input type="checkbox"/> Fitness Event	Proof of payment & Event information
<input type="checkbox"/> Online Fitness Program	Proof of payment & Program Information
<input type="checkbox"/> Weight Loss Program	Proof of payment & Program Information
<input type="checkbox"/> Fitness Tracker	Proof of payment
<input type="checkbox"/> Athletic Shoes	Proof of payment
<input type="checkbox"/> Hunting/Fishing License	Proof of payment
<input type="checkbox"/> Trail/State Park Pass	Proof of payment

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

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

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Employee Relations Approval Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_