Christiana Care Fitness & Wellness Reimbursement Form

Instructions: Fax the completed form along with a copy of your receipt to the Caregiver Service Center at 1-302-325-5877. One reimbursement request per employee per calendar year is permitted. Contact the Caregiver Service Center with questions at 302-327-5555.

Reimbursement Amount Requested: (Reimbursement amount cannot exceed $100.)	$

NOTE: RECEIPT VERIFYING DATES AND CHARGES MUST BE ATTACHED FOR REIMBURSEMENT TO BE PROCESSED.

Eligible Items* (Select the item below for which you are requesting reimbursement.)

**Final determination of whether the items meets the criteria eligible for reimbursement, resides with the program Administrator.*

- ☐ Activity trackers (i.e. Fitbit, Garmin, etc.)
- ☐ Exercise DVD's
- ☐ Fitness center membership
- ☐ Group exercise (i.e. karate, barre, yoga, etc.)
- ☐ Nutrition/Weight management services
- ☐ Personal Training
- ☐ Race Registration Fees
- ☐ WW (Weight Watchers reimagined)

Reimbursement Benefit Limits and Eligibility Requirements

Annual maximum - $100.00** per employee.
Annual Eligible Period of Reimbursement –January 1 to December 31.
**Approved reimbursement requests are deemed taxable income by the Internal Revenue Service; taxes must be assessed on the requested reimbursement.

Eligibility Requirements

1. Employee of the Christiana Care Health System. (New employees: eligible the first of the month following date of hire.)
2. Employee must be in a benefit eligible position.
3. Employee must be in an active pay status at the time of reimbursement.

Deadline for Reimbursement: You have until March 31 of the following year to submit a claim against the previous calendar year.

Employee Information

First Name _____ Last Name _____ MI _____

Employee No. _____

Street Address _____

City _____ State _____ Zip _____

Purchase Information

Calendar Year Reimbursement Requested _____

Facility/Provider _____ Phone _____

Facility Address: _____

City _____ State _____ Zip _____

Start Date _____ End Date _____ Total Cost _____