

Fitness Club & Weight Watchers Reimbursement Form



Employee Name (First Name, Last Name) _____

Member Name (First Name, Last Name) _____

Member Relationship: Self Spouse Child

- Allowable services: Health Club and/or Karate Memberships, Yoga, Pilates, Boot Camp, or other forms of exercise classes, and Weight Watchers Weekly Meetings.
- Describe the services for which you are requesting reimbursement.
- \$200.00 for yourself and \$200.00 total for your dependents
- Attach a receipt from your health club
- No bank or credit card statements
- Reimbursable year is May 1 – April 30th
- Dependents must be enrolled in the Aetna Meritain health insurance to be eligible for reimbursement

	Amount Paid	Reimbursable
<input type="checkbox"/> Reimbursement _____	\$ _____	\$ _____
<input type="checkbox"/> Reimbursement _____	\$ _____	\$ _____
<input type="checkbox"/> Reimbursement _____	\$ _____	\$ _____

EMPLOYEE SIGNATURE

DATE

**Please send this form along with a paid receipt to Abby Chrzanowski
for further processing.**