



# 2024 Fitness Center Reimbursement Form

<http://cityofracine.org/CoreWellness/>

## Policy:

The City will reimburse full-time employees, spouses, retirees and retiree spouses (that carry City of Racine health insurance) for 50% of the annual membership fee for a fitness center membership or group exercise program (i.e. Spin, Jazzercise) up to a maximum of \$200 per household: employee/retiree/spouse/retiree spouse only The City will include the following weight reduction programs: Weight Watchers, Medical Weightloss & Wellness, Inc. and Jenny Craig.

*Note: Medicare Advantage Retirees are not eligible for the fitness center reimbursement.*

*Note: Food, Beverages and Supplements do not qualify for reimbursement.*

A receipt (or receipts) for the complete annual amount paid is required for reimbursement. Partial payments over the year will not be made.

Reimbursement will be provided by direct deposit.

## Deadline:

- Submit requirements by **April 19<sup>st</sup>, 2024** and receive incentive: **May 3<sup>rd</sup>, 2024**
- Submit requirements by **May 31<sup>st</sup>, 2024** and receive incentive: **June 14<sup>th</sup>, 2024**
- Submit requirements by **June 28<sup>th</sup>, 2024** and receive incentive: **July 12<sup>th</sup>, 2024**
- Submit requirements by **September 6<sup>th</sup>, 2024** and receive incentive: **September 20<sup>th</sup>, 2024**
- Submit requirements by **October 4<sup>th</sup>, 2024** and receive incentive: **October 18<sup>th</sup>, 2024**
- Submit requirements by **November 1<sup>st</sup>, 2024** and receive incentive: **November 15<sup>th</sup>, 2024**

## Procedure:

1. Attach receipt(s) of your payment(s) for Fitness Center or Group Exercise Program or Weight Reduction Program.
2. Submit to: Human Resources, 730 Washington Ave. Room 204, Racine, WI 53403

<p>_____</p> <p><i>Participant's Name</i></p>	<p>_____</p> <p><i>Employee #</i></p>	<p><b><u>Check Your Status:</u></b></p> <p><input type="checkbox"/> Employee*</p> <p><input type="checkbox"/> Retiree*</p> <p><input type="checkbox"/> Spouse*</p>
---	---------------------------------------	--

\$ _____	\$ _____	_____
Total Paid (Receipts Attached)	Total Requested for Reimbursement	Membership/Program Name

\*Date of Birth: \_\_\_\_\_

Submit this completed form, **NO LATER THAN November 1<sup>st</sup>, 2024**

To: City Hall, Human Resources, 730 Washington Avenue, Room 204, Racine, WI 53403

**Late forms will NOT be accepted for reimbursement**