Healthy Minds, Healthy Bodies

Reimbursement Form

"Healthy Minds, Healthy Bodies Wellness Program."

Reimbursement Quarter:	
_____Q1 January – March.	Due April 30th
_____Q2 April – June.	Due July 31st
_____Q3 July – September	Due October 31
_____Q4 October – December	Due January 31st

What's covered?

Please use your best judgement in determining what to submit for reimbursement, and refer to the examples of eligible and ineligible items provided on the information flyer.

As a guide, ask yourself these questions:

√ Is this item/service directly benefitting my wellbeing?

√ Does this item assist me in relaxing, getting my heart rate up, staying on track with my health goals, or learning a new activity directly related to my wellbeing?

***Employee Name*_____**

Amount of Reimbursement Requested: $_____(max. $75)

Health / Wellness Items Being Reimbursed: (List and attach receipts)

_____

_____

_____

_____

If an approved item cost more than reimbursement amount, you can still submit the receipt and request reimbursement up to $75.00

I have been engaging in self-care. The items listed above contributed to my health and wellbeing this quarter.

_____ _____

Employee signature **Date**

Submit this form to Finance by the date listed above. Please allow 30 days for reimbursement to be processed. Benefit does not roll forward; any unused benefits are forfeited. Benefit must be used for employee's self care. Benefit cannot be donated to another employee. All regular employees and interns are eligible for "Healthy Minds, Healthy Bodies" and are encouraged to participate. There is no waiting period for new employees, but you must be employed by The Legal Project when you incur the expense and when you request reimbursement.

Office Use: Approved : _____ Yes _____ No Reason:_____ Referred To:_____

By_____ Date_____