

WELLNESS PLAN REIMBURSEMENT FORM

Alpena-Montmorency-Alcona Educational Service District will reimburse employees up to 50% **or** a maximum of \$150 of their paid membership fee in a Health Club purchased by the employee between July 1 and June 30.

Employees who pay their membership fee upon enrollment will be reimbursed at the next available accounts payable date upon submission of documentation. Employees who make monthly payments will be reimbursed at the end of the fiscal year for 50% **or** a maximum of \$150 of what they have paid between July 1 and June 30.

Please attach a detailed receipt of payments made and documentation of what the membership includes.

Employee Name: _____

Date Purchased: _____

Amount of Membership Fee: _____

Supervisor's Approval:

Business Office Use:

Approved by: _____

Account #: _____ Amount: \$ _____