



Well-being Reimbursement Instructions For Non Health Plan Participants

For Eligible Associates who are not enrolled in the WoodmenLife Medical Plan and participate in the Well-being Program, the Well-being Program Incentive is a Well-being Reimbursement in the amount of \$100 for completing and uploading your biometric screening. This Well-being Program Incentive will reimburse you for wellness-related expenses* incurred between January 1, 2021 and December 6, 2021.

Well-being Reimbursements for such expenses will be paid on the following schedule:

If you provide documentation by...	You will receive your Well-being Reimbursement on the last regularly-scheduled payroll date in...
March 31	April
June 30	July
September 30	October
December 6	December

Any well-being reimbursement over \$25.00 is considered taxable income under IRS regulations.

A Plan Participant who is eligible for a Well-being Program Incentive will only receive the incentive he or she earned prior to termination from employment.

***Eligible wellness items include, but are not limited to:**

- Health club or fitness facility memberships
- Fitness classes (pilates, yoga, zumba, aerobic step classes, spinning, cardio, kick boxing and water aerobics)
- Home exercise equipment
- Exercise clothing and shoes
- Leagues and lessons (swimming, bowling, golf and tennis)
- Registrations fees (walks, runs, bike events and community recreation programs)
- Weight management programs (Weight Watchers, Jenny Craig and F.A.S.T. Diet)

To ensure reimbursement, please note the following:

- Eligible services and products must be rendered and purchased between January 1, 2021 and December 6, 2021.
- Proof of payment—credit card statement, bank statement, cancelled checks or receipts—and the reimbursement form must be submitted to the Benefits Department via fax or email
- Reimbursement forms received after December 6, 2021 **will not** be eligible for reimbursement

Questions?

Contact the Benefits Department via phone at 1-800-328-2968 ext. 57047 or via email at Benefits_Mailbox@woodmen.org.



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Name: _____ Employee # or Sales Code: _____

Wellness Items:

Date of Service or Purchase	Description	Amount
TOTAL Well-being Reimbursement		\$

- I understand any well-being reimbursement over \$25.00 is considered taxable income under IRS regulations
- I have attached proof of payment-credit card statement, bank statement, cancelled checks or receipts

Signature: _____ Date: _____

Submit completed reimbursement form and proof of payment to the Benefits Department via fax at 402-449-7781 or email at Benefits_Mailbox@woodmen.org.