



Making Wellness Work

City of Concord Wellness Program

Wellness Reimbursement Form

The Wellness Program will reimburse up to **\$500** (for all full-time employees or city-insured retirees) and **\$350** (for city insured spouses) per Fiscal Year (July 1—June 30) for any health, wellness or fitness related activities. See back for examples of approved classes or topics.

How to get reimbursed:	
✓	Complete the information in the Participant Information below
✓	Have instructor complete Instructor Section, when applicable (otherwise, leave blank) <i>(If it is not an instructor led program – will need to provide other form of proof of completion)</i>
✓	Attach proof of payment (receipt, credit card statement, screen shot of bank statement, etc)
✓	Send form, along with all respective backup and documentation within 30 days of program or item purchased (with the exception of Races or Ski Passes) to : City of Concord-Attn HR, 41 Green St, Concord NH 03301 or email to: rwirbal@concordnh.gov
<i>Please allow 4-6 weeks for reimbursement processing</i>	

To be Completed by Participant	
Name:	Please Select One: Employee Retiree Spouse
Mailing Address:	Do you want check mailed to home: Yes No
City/State/Zip:	Is the course on the approved list ? Yes No
Course/Program Name or Item Purchased:	Total Cost of Program or Item:

For course or program taken: This section must be completed by Instructor <i>(if applicable, otherwise provide alternate proof of completion)</i>	
I hereby certify that _____ has completed the following class _____ held at _____ from (Begin Date) _____ to (End Date) _____	
By signing below, I certify that the participant has attended at least 75% of the sessions/classes/class time.	
_____	_____
<i>Instructor's Name</i>	<i>Telephone Number</i>

<i>Instructor Signature</i>	

FOR HUMAN RESOURCES DEPARTMENT USE ONLY – DO NOT WRITE IN THIS AREA		
Vendor #	G/L # 10140806_53300_wflex	G/L Desc: Wellflex Programs/Donation Expense
Payment Authorized by:		Date: