

## WELLNESS REIMBURSEMENT FORM –

To receive reimbursement, include with this form a receipt of your payment. Complete the *Associate Information* and *Reimbursement Information* portions on the form.

Submission of proof (payment/participation) and forms can be done at any time within the year, but reimbursements will be processed on a quarterly basis. Completed forms should be sent to [benefits@grande.com](mailto:benefits@grande.com).

**Please refer to the Wellness Reimbursement Policy for full details.**

ASSOCIATE INFORMATION	
Name:	
Associate ID:	
Facility Location:	
REIMBURSEMENT INFORMATION	
Reimbursement Type (Please Circle One)	
<input type="checkbox"/> Apps	<input type="checkbox"/> On-demand programs
<input type="checkbox"/> Clubs	<input type="checkbox"/> Personal Training/Small Group Training
<input type="checkbox"/> Live classes	<input type="checkbox"/> Programs
<input type="checkbox"/> Membership fees	<input type="checkbox"/> Race Events
<input type="checkbox"/> National and State Park passes/fees	
Cost: \$ _____	
Notes:	
SIGNATURE	
Signature of Associate:	Date:
GRANDE BENEFIT TEAM USE ONLY	
Date Received: _____	Reimbursement Payroll date: _____

**\*Please remember to include with this form a receipt of your payment.**

Contact: Benefits Team  
[benefits@grande.com](mailto:benefits@grande.com)  
920-952-7555

