	<b>Wellness Reimbursement</b>		Policy # 20.021.96	Version # 3
	Department Owner Human Resources – Total Rewards		Approved By Chief Executive Officer	
	Applies to Enterprise		Effective Date 3/21/18	Review Date 11/1/24

## 1. PURPOSE

A Wellness Reimbursement is a benefit that empowers Associates to make their own decisions on which wellness activities to participate in. The reimbursement provides Associates with a financial reimbursement to offset the financial cost related to personal health and well-being.

## 2. SCOPE

This policy is applicable to Grande Cheese Company and each of its subsidiaries and affiliates.

## 3. POLICY

### Eligibility


For all domestic full-time and part-time Associates, eligibility to participate in the wellness reimbursements begins as soon benefit eligibility begins - 30 days following start of employment. Interns, youth apprentices, co-ops and seasonal Associates are not eligible for this policy.

### Schedule of Benefits

Associates will be eligible for a reimbursement of **50% up to a maximum of \$400/calendar year**. Expenses must be incurred between January 1 through December 31 to be eligible for reimbursement. Submission of proof (payment/participation) and forms can be done at any time within the calendar year. Reimbursements will be processed on a quarterly basis. All reimbursements need to be submitted by mid-January to be received for the prior calendar year. Associates can submit an entire year at one time.

Associates can use the benefit to be reimbursed for a range of eligible fitness-related services and activities. The following categories and requirements are shown below for each eligible for reimbursement.

Category	Reimbursement Requirements	Examples
<b><i>Clubs</i></b>	Associates must participate in the club a minimum of 8 times/month. Tracking cards or a utilization report from the club is to be submitted.	Walking, running, biking, etc.
<b><i>Fitness Center Membership</i></b>	Associates must exercise at the fitness facility a minimum of 8 times/month. Tracking cards or a utilization report from the fitness center is to be submitted. Family/Couple memberships are included; however, the participation must be of the Associate.	Gyms, pools, rock climbing, etc.
<b><i>Live Fitness Classes</i></b>	Associates must attend a minimum of 8 classes/month. Class attendance or complete “punch card” from the fitness class should be submitted.	Yoga, Pilates, dance, Parkinsons, etc.

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Category	Reimbursement Requirements	Examples
<b>Mobile Well-Being Apps</b>	Associates can submit a receipt for the subscription to any wellness related App to be reimbursed 50% of cost.	Calm, Head Space, etc.
<b>National and State Park Passes/Fees</b>	Associates can submit a receipt for the purchase of any National/State Park passes or fees to be reimbursed 50% of cost.	
<b>On-Demand Programs</b>	Associates must participate or attend a minimum of 8 times/month. Participation (i.e., screen shot of online tracking) from the program should be submitted.	Les Mills, Peloton, Beach Body, etc.
<b>Personal Training/Small Group Training</b>	Associates must train with a Personal Trainer a minimum of 4 times/month. Tracking cards or a utilization report is to be submitted.	
<b>Programs</b>	Associates must provide proof of being enrolled in an in-person or online program.	Weight Watchers
<b>Race Events</b>	Associates must submit proof of participation which may include a copy of a race bib, actual race bib or print out of the race results.	Charity 5K run/walk, half or full marathon, Tough Mudder, etc.


Purchases or services that do not qualify for reimbursement are below.

- Athletic clothing and shoes
- Bicycle and/or equipment maintenance or repair
- Edible items and services (i.e., groceries, Hello Fresh, Factor, etc.)
- Home equipment purchases (i.e., Peloton, weights, etc.)
- Physical therapy, chiropractic and acupuncture or massage therapy services
- Social and country club membership fees or dues (i.e., for pool access)
- Trap shooting/licenses for hunting, fishing, etc.
- Wearable devices (i.e., Fitbit, Apple Watch, Oura Ring)

### Process to Receive Reimbursement

Associates should follow the below process to receive reimbursement under this policy.

1. Completion and submission of the **Wellness Reimbursement Form with proof of purchase** (copy of receipt or agreement). The reimbursement form and tracking cards are available on [grandehealth.com](http://grandehealth.com) or may also be obtained through the Benefits Team.
  - a. See appendix for Wellness Reimbursement Form.

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2. Submission of purchase and/or participation. Completed forms, proof of purchase and participation can be submitted to the Benefits Team by emailing [benefits@grande.com](mailto:benefits@grande.com).

### Payment Process

Submission of proof (payment/participation) and forms can be done at any time within the calendar year. Reimbursements will be processed on a quarterly basis.

*Quarter 1 – March 31<sup>st</sup>*

*Quarter 2 - June 30<sup>th</sup>*

*Quarter 3 -September 31<sup>st</sup>*

*Quarter 4 - December 31<sup>st</sup>*

Payouts will be made following the end of the quarter. Please submit proof at least five days prior to the last day of the quarter to ensure payment. All Wellness Reimbursements are considered taxable income by IRS regulations and will be included on W-2 forms. Therefore, all reimbursements will be made on the Associate's paycheck. Applicable federal, state and local taxes will be withheld from the reimbursement.

### Frequently Asked Questions

*Q: Is the Wellness Reimbursement taxable?*

A: Yes. The applicable federal, state and local taxes will be withheld from your paycheck when the reimbursement is received.

*Q: My spouse and I are both Grande Associates; will we both be eligible for the full amount of the fitness reimbursements?*

A: Yes. As an Associate, you will each be reimbursed 50% up to \$400/year. However, if you and your spouse/domestic partner are on a joint membership together as either a couple or family, you will only be reimbursed once.


*Q: Can I get reimbursed for past fees?*

A: If you are a new hire, retroactive reimbursement is not eligible. Reimbursement is only for when an Associate is working for Grande. Reimbursement for a prior year is also not eligible. Only fees/purchases within the given year.

*Q: What if my dues/payments changes?*

A: If anything changes before the plan year ends, submit a new Wellness Reimbursement Form so reimbursement can be updated.

*Q: What if classes are included in my fitness center membership?*

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A: If the cost to attend a class is included with your membership, you will only be reimbursed for your membership fees and not eligible for reimbursement for those classes. If you attend a class at your fitness center in this instance, this would count as a visit to your fitness center and towards your 8 times/month requirement.

*Q: I paid for my fitness membership in advance. Can I be reimbursed in one lump sum?*

A: Yes. However, we ask that you wait to submit your participation (8 times/month) at the end of the year to show you utilized the membership.

*Q: I am on a leave of absence from work (FMLA, disability, or workers compensation). How does this affect my Wellness Reimbursement?*

A: First and foremost, be sure you are working within your health care providers restrictions/approval. You are still eligible for your Wellness Reimbursement if you are on an approved leave from work, however, you are still held to all reimbursement requirements. Therefore, you must still submit the proof of participation before a reimbursement will be made.

*Q: If my fitness center offers a Corporate Discount Program for Grande Cheese Associates, will that automatically enroll me in the Fitness Reimbursement Program?*

A: No, the only way to be enrolled in the reimbursement program is to complete and submit the Fitness Reimbursement Form and monthly tracking cards.

*Q: I travel for work often, how am I supposed to complete my monthly tracking cards when I am out of town?*

A: Even if traveling on business, you are still required to submit a monthly tracking card by the deadline. Many fitness centers have a program to utilize their facilities throughout the US or an “away” program that we strongly encourage you to use to get the most out of your membership. However, if this is not an option, you may utilize the hotel fitness facilities and track visits there.


#### 4. REFERENCES/RELATED DOCUMENTS

See appendix on last page


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**CHANGE REGISTER (LOG):** List changes in chronological order, with most recent on top.

Date	Changes requested by (Who)	Items Changed	RFC #
11/1/24	Haleigh Lenz	Changed Policy Title from Fitness Reimbursement to Wellness Reimbursement	
11/1/24	Haleigh Lenz	Changed eligibility to follow new hire benefit eligibility	
11/1/24	Haleigh Lenz	Expanded list of eligible reimbursements (i.e., state and national park passes, clubs, personal training)	

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11/1/24	Haleigh Lenz	Created a table for eligible reimbursements for ease of referencing	
11/1/24	Haleigh Lenz	Listed out items that do not qualify for reimbursement	
11/1/24	Haleigh Lenz	Simplified process to receive reimbursement; one form, quarterly payouts	
11/1/24	Haleigh Lenz	Lowered monthly participation requirements	

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**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.

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**ASSOCIATE INFORMATION**

Name: \_\_\_\_\_

Associate ID: \_\_\_\_\_

Facility Location: \_\_\_\_\_

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**REIMBURSEMENT INFORMATION**

Reimbursement Type (Please Circle One)

Apps	On-demand programs
Clubs	Personal Training/Small Group Training
Live classes	Programs
Membership fees	Race Events
National and State Park passes/fees	

Cost: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

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**SIGNATURE**

Signature of Associate: _____	Date: _____
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**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

