



Wellness Reimbursement Form

Program Year: 03/01/2024-02/28/2025

Send this form along with photocopies of dated receipt(s), membership statement(s) or event registration to the Human Resource Department by March 14, 2025. Reimbursements are taxable and will be added to your paycheck.

Employee Name (please print) _____

☐ **Wellness Membership**

This reimbursement benefit can save you up to \$20 per month (\$240 per year) in qualified membership fees paid for registration toward a fitness membership or weight management program. *Country or social clubs and sports teams or leagues **do not** qualify. (Milwaukee Area YMCA member rates are discounted at the time of payment and therefore do not qualify for reimbursement).*

Name of fitness center, health club, studio, online fitness membership or weight management program:

Amount Requested \$ _____

☐ **Employee Event Sponsorship**

Zilber Ltd. will provide up to \$50 per employee to be used toward registration/entrance fees for one wellness-based community event per program year. The event must promote health and wellness for the employee, i.e., marathons, triathlons, bike tours, run/walk events, weight loss clinics, etc.

Name of community event: _____

Amount Requested \$ _____

☐ **Smoking Cessation**

The Tobacco Cessation Benefit includes reimbursement of up to \$500 each program year (March through following February) for approved tobacco cessation aids, including:

- Approved smoking-cessation programs
- Doctor-prescribed medications such as Zyban, Chantix and nicotine inhalers
- Nonprescription (over-the-counter) products such as nicotine patches and gum

Amount Requested \$ _____