



# WELLNESS 2019

In 2019 you can submit reimbursements for wellness related items/activities for you and your immediate family!\* Please check your bargaining agreements for eligible amounts for 2019

***Reimbursements will not be processed without proof of payment. Please note this is a taxable payment per IRS requirements and paid through payroll.***

Please submit reimbursement requests and receipts to the Human Resources Department. Additional forms and information is available online at [www.livgov.com](http://www.livgov.com) Human resources/Employees/Wellness.

Reimbursements will be provided upon submission for the following types of wellness related items and activities:

*Please Note: All reimbursements are subject to HR approval*

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

*Please Print*

Employee ID Number: \_\_\_\_\_

*Same number you use to login to see your paycheck*

Amount: \_\_\_\_\_

*Receipt required. MUST include photo if receipt doesn't show clear description.*

*What type of expense?*

<input type="checkbox"/> Gym Membership	<input type="checkbox"/> Exercise Sessions	<input type="checkbox"/> 5K Race Entry Fees
<input type="checkbox"/> Therapeutic Massage	<input type="checkbox"/> Weight Loss Program	<input type="checkbox"/> Yoga Classes
<input type="checkbox"/> Workout Clothing*	<input type="checkbox"/> Hunting Gear/Clothing	<input type="checkbox"/> Tennis/Athletic Shoes/Boots
<input type="checkbox"/> Exercise Equipment	<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Sports League Fees*
<input type="checkbox"/> Pedometer / Fitbit	<input type="checkbox"/> Hunting/Fishing Licenses	<input type="checkbox"/> OTHER (Specify Below)

\_\_\_\_\_  
If other is marked, please indicate item(s) being submitted for reimbursement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Workout Clothing must include photo

\* Sport League Fees are only for Employee participating in the league fees

THE  
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WAY

**Form MUST be COMPLETELY filled out or it will not be approved.**