

Wellness Reimbursement Request Form

EMPLOYEE INFORMATION

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

SSN [LAST 4 DIGITS]

EMPLOYEE ADDRESS

CITY

STATE

ZIP CODE

HIRE DATE (MMDDYY)

PHONE NUMBER [NO DASHES]

EMAIL ADDRESS

FITNESS INFORMATION

GROUP EXERCISE CLASSES

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Muscle Conditioning and Strengthening |
| <input type="checkbox"/> Jazzercise | <input type="checkbox"/> Personal Trainers |
| <input type="checkbox"/> Kick-boxing | <input type="checkbox"/> Pilates |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Yoga |

WEIGHT MANAGEMENT PROGRAM

- Weight Management

Membership
From _____

Membership
To _____

HOME EXERCISE EQUIPMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Abdominal Roller | <input type="checkbox"/> Exercise Videos | <input type="checkbox"/> Sit-Up Board |
| <input type="checkbox"/> Aerobic Step | <input type="checkbox"/> Indoor Trainer for Bikes | <input type="checkbox"/> Slide Board |
| <input type="checkbox"/> Cross Country Machine | <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Stair Climber Machine |
| <input type="checkbox"/> Elliptical Machine | <input type="checkbox"/> Multi-Station Weight Equipment | <input type="checkbox"/> Stationary Bike |
| <input type="checkbox"/> Exercise Mat | <input type="checkbox"/> Roller Trainer | <input type="checkbox"/> Treadmill |
| <input type="checkbox"/> Free Weight | <input type="checkbox"/> Rowing Machine | <input type="checkbox"/> Pedometer |
| | <input type="checkbox"/> Punching Bag | |

EXPENSES INFORMATION

Gym Name/Retailer	Calendar year [yyyy]	Member name	Relationship to employee	Entire amount spent

Total Expense

Percentage Agreement [50%]

Total Reimbursement Amount Requested

X 0.50

I have read the policy (BC004.045) and the contents of this form and fully understand the provisions of this benefit. The information I have provided on this form is accurate and in good faith. I certify that I have not received reimbursement through any other source, and that I will utilize the membership or equipment reimbursed at least 10 times per month. I am aware that this reimbursement is considered taxable income and **will be subject to income tax.**

Employee Signature: _____ Date: ____ / ____ / ____

Program description

BASF has a long-standing commitment to the health and wellness of our associates and their families. We are proud to offer the Wellness Reimbursement Program to support your personal physical activity and weight management goals to help you be Well for Life.

Eligibility

- Employees and their domestic partners or spouse are eligible for fitness reimbursement immediately after hire, provided they are working 20 hours or more
- Employee must be employed at the time the expense is incurred and when the reimbursement is to be paid out
- Terminated employees are not eligible for this program

Plan details

Reimbursement Percentage: 50% of the eligible fitness expenses submitted.

50% Percent Calculation Example: Expense amount is for \$600. Reimbursement amount will be 50% of \$600 (i.e. \$300)

Maximum Reimbursement: Up to \$300 per calendar year

Submission Cut-off: March 31st of the year following a benefit year.

Re-submission Cut-off: April 30th of the year following a benefit year for any denied claims to resubmit missing documents.

Submission Cut-off Example: Expenses incurred from 1/1/2016 through 12/31/2016 should be submitted for reimbursement by 3/31/2017.

Eligible expenses examples

- **Home exercise/Fitness equipment**
 - Example: ab rollers, fitness-related gaming equipment [Wii FIT™ or other fitness/physical activity–related games for other gaming systems], exercise DVDs/videos/Blu-ray™, free weights or belts, exercise mats, treadmills, cross country machines, home gyms, stationary bikes, etc.
- **Group Exercise classes**
 - Example: aerobics, dance lessons, jazzercise, martial arts, Zumba, Yoga etc.
- **Physical activity tracking devices**
 - Example: Accelerometers [e.g., Fitbit™], wireless activity trackers, GPS-enabled physical activity tracking devices [e.g., Garmin™], pedometers etc.
- **Adult sports-related league fees**
 - Example: adult intramural soccer league fees.
- **Gym memberships***
 - Example: fees for personal trainer, program fees at on-site gym
- **Weight-management program fees**
 - Example: weight management program participation fee in Weight Watchers or similar weight reduction programs, even if online.
- **Physical activity expenses**
 - Example: adult sports, gym memberships and classes

Required documents

- **A completed Reimbursement Request form with employee signature.**
- **Paid Receipt/Proof of payment must show the following**
 - The service description along with the name of the service provider
 - The time period [monthly/quarterly/annually for gym memberships]
 - The participant's name, domestic partner or spouse name

Examples of proof of payment

- **Credit card receipts stating the store/gym name**
- **Receipts from the fitness facility/store**
- **Letter from the fitness facility on official letterhead**
- **A payment confirmation from a website purchase**

Submission of reimbursement requests

- **Submit online or check the status of your submission online at:** www.acclarisonline.com
- **Send this completed form and required supporting documentation to:** Fax: 1-813-830-7900
OR Mail To: Acclaris, P.O. Box 25171, Lehigh Valley, PA 18002-5171