Annual Preventive Wellness Allowance Form

*Submit **ONCE** per Fiscal Year*

Employee Name:	M#:	Fiscal Year:

In addition to eligible monthly wellness expenses, employees eligible for EAP or PDAP benefits may also use their funds towards an **annual wellness allowance for wellness equipment or other non-recurring memberships and/or fees upon completion of five (5) or more preventive wellness activities during the fiscal year**. The annual wellness allowance is up to $150 (one-hundred fifty dollars), up to the individual and overall fiscal year limits. Employees may only submit the annual wellness allowance reimbursement once, so if there are multiple eligible expenses, HRSTM recommends saving them all for submission once you have made all of your eligible purchases. Standard OBS fiscal year expense report deadlines still apply.

Employees must complete **at least five (5) preventive wellness activities during the fiscal year once annually** to be eligible for the annual allowance. Basic supporting documentation is required to file the request (i.e., receipts for eligible wellness equipment or other non-recurring memberships and/or fees), but HRSTM reserves the right to request additional documentation at any time, including but not limited to health app screenshots, email confirmation, etc. Visit MC Wellness for additional details.

Exclusions apply for the monthly and annual wellness reimbursement, including:

1. General living expenses (groceries, childcare, streaming services)
2. Vitamins, weight loss supplements, and meal replacements (over the counter or medically prescribed)
3. Spa or luxury resort services
4. Anything covered by medical, dental, and/or prescription insurance
5. Medical devices requiring a diagnosis

Preventive Activity Completion

Select the **five (5) or more preventive activities completed** in the applicable fiscal year:

- ☐ Sign up for MC Wellness (required annually)
- ☐ One (1) annual medical physical
- ☐ Two (2) annual dental cleanings
- ☐ One (1) annual vision exam
- ☐ One (1) annual age-based preventative screening, such as a mammogram, colonoscopy, prostate exam, colorectal cancer screening, etc.
- ☐ One (1) annual preventative immunization, such as influenza, shingles, etc.
- ☐ Two (2) biometric screenings, such as blood pressure, cholesterol, BMI, etc.
- ☐ One (1) MC Wellness challenge or program, such as Walktober, Bloom, weekly fitness or mindfulness class attendance, healthy cooking, etc.
- ☐ Complete a tobacco cessation program
- ☐ Complete Mental Health First Aid training
- ☐ Attend a Benefits and Wellness Fair during Open Enrollment
- ☐ Complete your Open Enrollment elections in Workday for the next calendar year
- ☐ Other: _____

Annual Preventive Wellness Allowance Form

*Submit **ONCE** per Fiscal Year*

Reimbursement Request Details

Expenses for Reimbursement List the eligible wellness equipment or other non-recurring membership expenses for which you are requesting reimbursement, up to $150 (less sales tax):	
Reimbursement Total Enter the total of each item listed above, which must be entered as a single line item in your Expense Report:	

IMPORTANT: This form and your receipt(s) for each item listed above must be attached to your Expense Report in Workday as a SINGLE REIMBURSEMENT REQUEST. Multiple submissions for the Annual Preventive Wellness Allowance will NOT be processed. HRSTM recommends waiting until you have made all eligible purchases.

Employee Certification and Signature

By submitting this request for reimbursement, I certify that:

- I completed the preventive activities stated above, and understand that HRSTM reserves the right to request additional documentation at any time, including but not limited to health app screenshots, email confirmation, etc.
- I purchased the eligible wellness items stated above with non-FSA/HSA funds, and understand I may not submit these items for reimbursement from an FSA or HSA, if applicable.
- I understand that the fiscal year limits and rules of the Educational Assistance Program and Professional Development Assistance Program supersede my request for reimbursement. If my individual or the fiscal year limits have been reached, then I am not eligible for reimbursement.

Employee Signature _____ Date _____

How to File Your Annual Preventive Wellness Allowance Reimbursement

1. Satisfy the preventive wellness requirement by completing at least five (5) preventive activities.
2. Purchase eligible wellness equipment or other non-recurring memberships and keep your proof of payment.
3. Complete this form.
4. Create a **SINGLE Expense Report** in Workday:
    a. Follow the standard Expense Report process.
    b. Under Additional Worktags, search for and add **WA**, which is specifically for the Wellness Annual Equipment Allowance.
    c. Attach your completed form and all applicable receipts into a **single line item**.
    d. Submit for processing.