



# Loyola University Chicago WW® Program Reimbursement Form



### For Office Use Only

Employee ID: \_\_\_\_\_ Amount: \_\_\_\_\_ Cost Center: 190500-5925 PC: 212

### 1. Criteria For Reimbursement

- Join WW®. You can choose any payment option but you must attend weekly WW workshops in the Digital, Digital 360, traditional Wellness Workshops in the community using the Digital + Studio™ Plan or Virtual Workshops via Connect. **Digital only programs are not eligible for reimbursement.**
- You must attend 80% of 13 consecutive sessions during any three month series to be eligible for reimbursement. Reimbursement should be submitted at the end of each three month series.
- January to March, April to June, July to September, and October to December are the four three month series.

### 2. Agreement and Personal Confirmation

|                                                                                                                                                                                                          |                   |                                                                                                                  |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Faculty/Staff Member<br/>Please Print</b>                                                                                                                                                             | <b>First Name</b> | <b>Last Name</b>                                                                                                 | <b>Office Extension</b> |
| <b>Department</b>                                                                                                                                                                                        |                   | <b>Campus</b><br><input type="checkbox"/> Lakeshore/Water Tower <input type="checkbox"/> Health Science Division |                         |
| <b>Home Address</b>                                                                                                                                                                                      |                   | <b>City</b>                                                                                                      | <b>State</b>            |
|                                                                                                                                                                                                          |                   | <b>Zip Code</b>                                                                                                  |                         |
| Series you want to be reimbursed for (check one). If the monthly fee/series overlap, choose the most recent series.                                                                                      |                   |                                                                                                                  |                         |
| <input type="checkbox"/> January 1st - March 31st <input type="checkbox"/> April 1st - June 30th <input type="checkbox"/> July 1st - September 30th <input type="checkbox"/> October 1st - December 31st |                   |                                                                                                                  |                         |

### 3. WW Certification

Ask a WW Wellness Guide to complete the below attendance certification for each session. (Their signature verifies your weekly attendance.)

| Session # | Date | Time | WW Location | WW Representative Name (Please Print) | WW Representative Signature |
|-----------|------|------|-------------|---------------------------------------|-----------------------------|
| 1         |      |      |             |                                       |                             |
| 2         |      |      |             |                                       |                             |
| 3         |      |      |             |                                       |                             |
| 4         |      |      |             |                                       |                             |
| 5         |      |      |             |                                       |                             |
| 6         |      |      |             |                                       |                             |
| 7         |      |      |             |                                       |                             |
| 8         |      |      |             |                                       |                             |
| 9         |      |      |             |                                       |                             |
| 10        |      |      |             |                                       |                             |
| 11        |      |      |             |                                       |                             |
| 12        |      |      |             |                                       |                             |
| 13        |      |      |             |                                       |                             |

**Please attach your payment receipts.** Also indicate the amount paid and the amount requested for reimbursement. **You can choose to have any amount reimbursed during any series up to the maximum of \$200.00 per calendar year.** Your form must be received in Human Resources within 31 days of the end of each series in order to receive reimbursement. Late forms or forms without proper receipts or documentation will not be processed. Please make sure all faxed documentation is legible. Copies of valid subscription plans, online receipts, and receipts issued from a WW representative are acceptable proofs of payment. Outdated Reimbursement forms will not be accepted. \*Membership rates and forms are subject to change at any time. **The reimbursement cost of a WW-type program is a Taxable Fringe Benefit that is considered taxable income by the Internal Revenue Service.**

**Amount Paid During Series \$ \_\_\_\_\_ Amount Requested for Reimbursement \$ \_\_\_\_\_**

**Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

You must complete this form, submit supporting documentation and return it to Human Resources @ Water Tower Campus via fax at 312-915-7612, or scan and e-mail to **hr-wtc@luc.edu**. **Please do not send this form via campus mail or US mail.**