



Wellness Program Reimbursement Form

Regular full-time and temporary full-time, greater than nine-month employees are eligible to receive up to \$50 each fiscal year to offset actual costs incurred to participate in commercial health, wellness and fitness programs for the employee and their dependents, such as nutrition/weight loss programs and/or fitness center memberships. Vitamins and/or supplements that are purchased by the employee as part of a self-directed program are not eligible for reimbursement. The amount reimbursed shall not exceed the cost of an individual membership or program. Proof of payment must be submitted for consideration and approval to the Office of the President Human Resources Division. Any unused balance cannot be carried over into the next fiscal year.

**A dependent child is defined as an individual who meets all of the following criteria: (1) single, (2) 24 years of age or younger (unless disabled according to the definition used by the State of Delaware for health insurance coverage eligibility), (3) lives with the employee or his/her former spouse, and (4) claimed as an exemption on the employee's, domestic partner's, or former spouse's income tax form.*

* Please note all employees must have established a supplier ID. For instructions, see below.

Employee Information: <i>All information is required</i>		
Name	Campus Location or OOP	Employee ID
Job Title/Department		
E-mail	Phone Number	
Is this request for you or your dependent? <input type="checkbox"/> Employee <input type="checkbox"/> Dependent		
Dependent Information: <i>If applicable (See Dependent Child Definition above)</i>		
Dependent Name	Dependent DOB (Only if Child)	
Relationship to Employee (Child or Spouse)		
Is dependent documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Fitness or Nutritional Program Information: <i>Please complete all applicable information</i>		
Name of Program	Location	Phone Number (if applicable)
Type of Membership Purchased (select all that apply) <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	Total Amount Paid	Supplier ID Number
Other details / information that may be needed for processing		

Employee Signature _____ Date _____

Director of Human Resources Signature _____ Date _____
(AVP for Human Resources for OOP Employees)

CW Benefits Manager Signature _____ Date _____

Vice President for Human Resources
and Equity, Diversity & Inclusion Signature _____ Date _____

In order to process reimbursement, you must submit the following to your local Human Resources Office:

- This completed form
- State’s Division of Accounting expense reimbursement form
- Proof of fitness or nutritional program payment/membership
- Dependent documentation (if applicable)

Steps to completion:

1. Establish a supplier ID, through the State’s Division of Accounting. Forms related to this can be found at <https://esupplier.erp.delaware.gov/> If you have questions about this process or believe that you already have an established supplier ID but you are unable to locate your supplier ID, please contact the supplier maintenance team by phone at 302-672-5000 or by email at FSF_Supplier_Maintenance@delaware.gov
2. Once you receive your supplier ID, you must complete the State’s Division of Accounting personal expense reimbursement form which can be found at <https://content.dtcc.edu/fiscal-guidelines/bam-ap003e-personal-reimbursement-doa-version.pdf>
3. Complete the wellness dollar reimbursement form that can be found at <https://www.dtcc.edu/about/employment/forms>