



WEIGHT MANAGEMENT PROGRAM REIMBURSEMENT REQUEST

Tompkins County employees may be reimbursed for one half (50%) of the cost of a weight management program during a 12-month period, up to a maximum reimbursement of \$200 for that period. Reimbursement requests *must* be submitted within 90 days of completing your program.

Today's date _____

I am requesting reimbursement for 6 months 12 months (check one)

Section 1. Employee

Name _____

County Department _____

Phone _____ Email _____

Section 2. Program covered by this request*

a) Name of weight management program _____

b) Location where program was provided _____

c) Program contact person and phone number _____

d) Date of weight management program covered by this request:* START ___/___/___ END ___/___/___

***REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN NINETY (90) DAYS OF THE COMPLETED WEIGHT MANAGEMENT PROGRAM. REQUESTS WILL NOT BE HONORED AFTER 90 DAYS**

Section 3. Please answer the following questions by circling "Yes" or "No"

- I have been a Tompkins County employee during the entire weight management program or membership indicated by the dates in Section 2, above. YES NO
- I have already completed and paid for the full 6 or 12 months of the weight management program or membership covered by this request. YES NO
- I completed the program within the last 90 days. YES NO
- I have attached official proof of payment issued by the weight management program described in Section 2, above. (Receipt or statement; photocopies accepted.)..... YES NO

If you have answered "no" to any of the above questions, please comply with the criteria before submitting your request. Thank you.

Send request for reimbursement via inter-office mail to:
Theresa Lyczko, Director, Health Promotion Program, TC Health Department

Requests for reimbursement are reviewed by the Employee Wellness Committee.