

SUSE Wellness Benefit Reimbursement Form

SUSE provides the Wellness Reimbursement Program designed to encourage and support a well-rounded healthy lifestyle for SUSE employees. The program covers expenses for a variety of eligible wellness activities for gym memberships, fitness classes, massages, nutritional counseling and much more. The Plan reimburses covered expenses up to \$150.

INCLUDES: Gym memberships, weight loss programs, smoking cessation medications, chiropractic maintenance, therapeutic massages, acupuncture, athletic classes (aerobics, kick boxing, spinning, soccer, volleyball, Zumba, Yoga, Pilates), martial arts classes, sports lessons (tennis, golf, swimming, horseback), indoor/outdoor fitness equipment to include but is not limited to bicycles, treadmills, elliptical, rowing machines, resistance benches, and Nordic-Track & Pilates machines. Free weights, exercise mat, exercise ball, activity trackers (i.e. Fit Bit, Garmin, Apple/Samsung Watch, heart rate monitor), Workout Videos/DVDs, dietary supplements, vitamins, and flu vaccines (if not covered by insurance).

EXCLUDES: Hover boards, fitness apparel of any kind (including footwear); home video console or accessories (such as Wii Fit), recreational items such as basketballs, baseballs, tennis balls, racquets, roller blades, skis, ski equipment, sports equipment, golf clubs, games, seasonal ski passes, road race registration fees, zip lining fees, summer pool passes, tennis club or country club memberships, facials, repairs/maintenance of eligible expenses. Items typically covered under Flexible Spending Account programs are not eligible expenses.

IMPORTANT: Please return this completed form along with your attached receipts, cancelled check, or copy of your bank or credit card statement by scanning and emailing to HR-AMS@SUSE.COM. Please note that your reimbursement is **taxable** and reimbursements will be processed through the regular payroll cycle. **This benefit is for employees only.**

Name:		Employee ID #: <small>(Located in Workday, E-Guide/People Search)</small>	
Date of Service	Description of Service	Amount of Service	

The minimum reimbursement requirement submission must be no less than \$75.00. Requests for reimbursement received by [HR](#) by the 10th of the month will be reimbursed through payroll on the second payroll cycle of the month. Submissions received after the 10th of the month will be processed at the end of the following month. The deadline for reimbursement is January 15th for the previous calendar year.

I certify that the expenses requested for reimbursement are eligible for reimbursement in accordance with the SUSE benefits program.

Employee: Signature:	Date:
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For Internal Use Only	
Human Resources Approval:	Amount:
Payroll:	