

Southwest Key Wellness Warriors Program
**Athletic Event Reimbursement
 Submission Form 2018-2019**



This activity falls under the **Healthy Choices** (*Weapon of Choice*) banner in the Wellness Warriors Program

EMPLOYEE INFORMATION

Program Location/Number: _____

Employee Name: _____ Employee Number: _____

E-Mail Address: _____ Phone Number: _____

ATHLETIC EVENT INFORMATION

Category for an organized athletic event:

- Running/Walking: 3K 5K 10K (*check one*) Cycling
 Swimming Zumbathon
 Coaching/Referee/Teaching/Hosting an athletic event: _____

Date of event: _____

Name of event & sponsor (if applicable): _____

REIMBURSEMENT INFORMATION

Category for an organized athletic event:

I am requesting a reimbursement for registration fees, **50% up to \$50.00**, for participating in an organized athletic event. I understand that I can request one athletic event reimbursement per fiscal year and all reimbursed monies are considered taxable income.

Total amount of registration fees: \$ _____

SUBMIT TO WELLNESS TEAM

1. Include copy of receipt for registration fees (if requesting a reimbursement) **AND**
2. Include **ONE (1)** form of proof with submission of this form. Examples of proof include:
 - Proof of registration
 - Print out of event results
 - Race bib (please submit proof of registration if race bib does not include employee name)
 - Picture of employee at event

I attest that I have completed an athletic event as listed above and that the information submitted with this request is accurate and complete. I understand and agree that Southwest Key Wellness Program representatives have the right to verify and review the substantiate representations herein.

Employee's signature: _____ Date: _____

Wellness Administrator: _____ Date: _____

Wellness Reimbursement Schedule

Eligible Months	Deadline	SWK Payout Date	Workforce Payout Date
Aug, Sept, Oct	Nov. 1st	Dec. 1st	Dec. 8th
Nov, Dec, Jan	Feb. 1st	March 1st	March 8th
Feb, Mar, Apr	May 1st	June 1st	June 8th
May, June, July	July 31st	August 16th	August 23rd

Submit form to: SWK Wellness Program
 Email: wellness@swkey.org • Fax: 512.582.9532
 Address: 6002 Jain Lane, Austin, TX 78721

Only ONE (1) Athletic Event Reimbursement may be claimed per medical plan year. This form for the Wellness Program plan year of 2018-2019 must be received by:

July 31, 2019

NOTE: Please note that any incentive requirements not completed during the time of your employment are not eligible for reimbursement, and any completed incentives that are not properly and timely submitted for reimbursement will be forfeited. REV.12/18