ASSOCIATED UNIVERSITIES, INC.
WELLNESS BENEFIT REIMBURSEMENT
Claim Form

INSTRUCTIONS

- A complete claim form must be included with each request for reimbursement.
- Sign and date the claim form in the area provided. Electronic signatures are acceptable.
- Attach a copy of membership agreement, bills, receipts, etc. showing the date the expense was incurred for which you are requesting reimbursement, and showing the item is for you.
- Payment will not exceed $150 per fiscal year. If you do not claim all of your $150 at one time you can submit future requests. All reimbursements are **taxable**.
- Submit to your local HR office or the Benefits Office for processing.
- More information on eligible expenses can be found at www.nrao.edu/hr/wellness.

CLAIM INFORMATION

EMPLOYEE NAME: _____

EMPLOYEE #: _____ **LOCATION:** _____

DESCRIPTION OF EXPENSE: _____

_____

_____

I request reimbursement for the above described wellness expense(s). I certify I have incurred these expenses for myself and that the information provided is true and correct.

Amount requested: $_____ *Max $150 per Fiscal Year*

_____ _____
Employee Signature Date

HR USE ONLY

Amount Approved: _____ Bal. Remaining: _____ Acct: _____
Subject to $150 FY limit

Fiscal Notified ☐ HR Approval: _____ Date: _____

01/20