



Findlay Operations Fitness/Wellness Reimbursement

Submit this to the
Reimbursement or
Millstream Box in the
VISION CENTER

Name: _____

Are you on the Whirlpool Medical Insurance Plan? Yes-Savings Plan (black card) Yes-Rewards Plan (red card) No

ID#: _____ Dept/Shift: _____

Mailing Address (for retirees only): _____

Employee/Retiree Signature*

Date

**Your signature certifies that you are currently a Whirlpool employee or retiree, you have purchased the item(s) indicated below and that you are requesting the reimbursement per Whirlpool Corporation policies.*

Wellness Plan Reimbursement

Name of Health Club/Fitness Center/Wellness Program/Product

Amount Paid \$ _____

Please include
appropriate receipt(s)

- ◆ Only Findlay Operation **employees** and **retirees** are eligible. Spouses are not eligible, unless they are a Whirlpool Findlay employee.
- ◆ Membership and receipt submitted must include the employee/retiree.
- ◆ Health Clubs, Fitness Centers and health programs that are facilitated by a certified professional are eligible.
- ◆ Community Walks/Runs/Races (5K, 10K, half & full marathons) are eligible.
- ◆ **Products and/or equipment ARE eligible for reimbursement (see below)**
- ◆ Up to \$300 per **employee** enrolled in Rewards or Savings Plan; up to \$100 per employee that has waived coverage.
- ◆ Retirees receive a max of \$100.



Equipment Reimbursement: Whirlpool will offer 50% reimbursement **per product**, up to \$300 per calendar year (before taxes) to full time EMPLOYEES for exercise equipment purchased for their homes. Eligible equipment includes treadmill, stationary bike, elliptical, free weights, exercise machines, exercise DVD's, and similar equipment. Shipping charges and taxes are not reimbursable. Exercise apparel or protective equipment is not eligible. To obtain reimbursement, EE's should attach a sales receipt showing where the equipment was purchased, the date of the purchase, the type of equipment, and the cost of the purchase. HR will review all requests for reimbursement. See back of page for more details.

For Human Resources Use Only

Human Resource Approval

Date

\$ _____
Reimbursement Amt



Findlay Operations

Personal Exercise/Fitness Equipment that will help improve the following will be **considered** for reimbursement*:

1. Cardiovascular fitness
2. Muscular fitness
3. Flexibility

Wearable activity tracker devices (such as FitBit, JawBone, Garmin) will be eligible for reimbursement, however are subject to review. The main function of the device **must** be activity tracking. Devices such as the Apple Watch® will NOT be considered for reimbursement.

Accessories and/or equipment needed for specific sports will **NOT** be considered for reimbursement. Examples include, but are not limited to: golf clubs, tennis rackets, fishing poles, bowling balls, basketballs, etc.

*If an item is not approved for reimbursement, the employee will be notified of the reason why. Approval for equipment reimbursement requests will be at the sole discretion of the Health and Wellness Lead.

*If two employees are requesting reimbursement for the same product (spouses/domestic partners both on the WP medical plan), only 50% of the product will be reimbursed. So for example, if a treadmill cost \$900, the maximum that will be reimbursed for that particular treadmill is \$450.

For Human Resources Use Only		
_____	_____	\$ _____
Human Resource Approval	Date	Reimbursement Amt