



WELLNESS REIMBURSEMENT REQUEST

Team Members eligible for Ruan's Benefits program may be reimbursed 50% of your paid expenses, up to \$200 per family per calendar year, for an approved weight-loss program, smoking cessation course, or fitness facility. *Diet foods, supplements, sports equipment, apparel, shoes, or expenses for recreational activities are not eligible for reimbursement.* Expenses incurred in the prior calendar year must be submitted by March 31 of the current year. All reimbursements under this program are considered taxable income by the IRS. Applicable federal, state and local taxes will be withheld from the reimbursement. Questions? Call the Human Resources Hotline at 1-800-845-6675 option 4.

EMPLOYEE SECTION

Name: _____ Employee ID or SSN: _____

Street Address: _____

City, State, Zip: _____

Operation/Location: _____ Date of Hire: / /

Program Type: Exercise Weight Loss Smoking Cessation

Name of Facility/Course: _____ Contact Person: _____

Program Dates of Service: / / to / /

Copy of my payment is: Enclosed Will Send Separately
(Make sure your name/ID is clearly marked on all supporting documents.)

Signature: _____ Date: / /

Would you like to be notified when your reimbursement has been processed? Please provide an e-mail address: _____

Send this completed form and a copy of your payment receipt(s) to:

Mail: Ruan Benefits Department
666 Grand Ave, Suite 3100
Des Moines, IA 50309

OR fax to: 515-558-3497

OR e-mail: benefits@ruan.com

DO NOT COMPLETE BELOW THIS LINE: FOR REIMBURSEMENT PROCESSING ONLY

Pay Group: _____ File #: _____ Job Type: Driver Technician Office/Other

BBC Eligible: Yes / No Approved Amount: \$ _____ Pay Date: _____

Reviewed By: _____ Date: _____

Approved By: _____