

**University of Alaska  
Joint Health Care Committee  
Personal Health & Wellness Activity**

**Reimbursement Request Form**

Purpose: This form will be used to request funding from the Joint Health Care Committee to support your personal wellness and/or physical fitness activities. This may include such costs as gym membership, fitness equipment, weight loss programs not already covered by University wellness programs, etc. Employees must document the expenditure, and describe how it is expected to contribute to their health and wellness.

Limits: Requests of up to \$50 per employee should be accompanied by a receipt documenting the expenditure.

Follow-up: 4-6 months after the initial application, an additional \$25 incentive will be provided to all participants who return a survey about your experience with this program.

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Campus and Department: \_\_\_\_\_

Employee ID number: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

Expected Health-related Outcomes: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (attach receipt)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(on behalf of JHCC sub-committee)

**Submit Completed Request to SWHR at: Fax (907) 450-8201 or email:  
syswhr@email.alaska.edu**

Cc: Chair JHCC, Benefits Director, Assistant Director of Payroll & Benefit Accounting

Questions regarding this program should be directed to: ??