



# 2026 Fitness Center Reimbursement Form

<http://cityofracine.org/CoreWellness/>

## Policy:

The City will reimburse full-time employees, spouses, retirees and retiree spouses (that carry City of Racine health insurance) for 50% of the annual membership fee for a fitness center membership or group exercise program (i.e. Spin, Jazzercise) up to a maximum of \$200 per household: employee/retiree/spouse/retiree spouse only The City will include the following weight reduction programs: Weight Watchers, Medical Weightloss & Wellness, Inc. and Jenny Craig.

*Note: Medicare Advantage Retirees are not eligible for the fitness center reimbursement.*

*Note: Food, Beverages and Supplements do not qualify for reimbursement.*

A receipt (or receipts) for the complete annual amount paid is required for reimbursement. Partial payments over the year will not be made. Reimbursement will be provided by direct deposit.

## Deadline:

- Submit requirements by **April 17<sup>th</sup>, 2026** and receive incentive: **May 2<sup>nd</sup>, 2025**
- Submit requirements by **May 29<sup>th</sup>, 2026** and receive incentive: **June 13<sup>th</sup>, 2025**
- Submit requirements by **June 26<sup>th</sup>, 2026** and receive incentive: **July 11<sup>th</sup>, 2025**
- Submit requirements by **September 4<sup>th</sup>, 2026** and receive incentive: **September 19<sup>th</sup>, 2025**
- Submit requirements by **October 2<sup>nd</sup>, 2026** and receive incentive: **October 17<sup>th</sup>, 2025**
- Submit requirements by **November 6<sup>th</sup>, 2026** and receive incentive: **November 26<sup>th</sup>, 2025**

## Procedure:

1. Attach receipt(s) of your payment(s) for Fitness Center or Group Exercise Program or Weight Reduction Program. Your receipt **must** include your name, vendor, and payment amount.
2. Submit to: Human Resources, 730 Washington Ave. Room 204, Racine, WI 53403

|                                 |  |                                                                                                                                                  |
|---------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <hr/> <i>Participant's Name</i> |  | <b><u>Check Your Status:</u></b><br><br><input type="checkbox"/> Employee<br><input type="checkbox"/> Retiree<br><input type="checkbox"/> Spouse |
| <hr/> <i>Employee #</i>         |  |                                                                                                                                                  |
| <hr/> <i>Department</i>         |  |                                                                                                                                                  |

\$ \_\_\_\_\_  
Total Paid (Receipts Attached)

\$ \_\_\_\_\_  
Total Requested for Reimbursement

\_\_\_\_\_  
Membership/Program Name

\*Department: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant Submitting for Reimbursement*

*\*Turn over to complete page 2\**

**I would like my fitness reimbursement to be placed in the following account** *(no separate form is needed):*

I would like to make a one-time contribution in **one** of the following payroll deductions:

☐ **Bank Account on file**

☐ **Health Savings Account (H.S.A.)**

**Deferred Compensation (*Check which account*):** ☐ Nationwide ☐ RPA/The Standard ☐ WI Deferred Compensation

\*I understand that after this one-time change to my contribution is made my contribution amount will revert back to my prior recurring election amount.

Submit this completed form, **NO LATER THAN November 6<sup>th</sup>, 2026**

To: City Hall, Human Resources, 730 Washington Avenue, Room 204, Racine, WI 53403

**Late forms will NOT be accepted for reimbursement**