



“Feeling Fit” Wellness Reimbursement Request Form

Employee Name: _____ Department: _____ Spouse Name: _____

1. Complete this section if you are requesting reimbursement for an Annual Gym/Fitness Club Membership, Online/In-Person Training Sessions, Weight Loss or Nutritional Counseling programs.

Name of Gym/Fitness Club: _____

Start Date of Contract: _____ End Date of Contract: _____ Total Cost: \$ _____

2. Complete this section if you are requesting reimbursement for Monthly Gym/Fitness Club Membership, Online/In-Person Training Sessions, Weight Loss or Nutritional Counseling programs.

Name of Gym/Fitness Club: _____

Date(s) Incurred: _____ Amount Requested: \$ _____

3. Complete this section if you are requesting reimbursement for Fitness Related Course/Classes, including Jazzercise, Yoga, entrance fees for Races, Walks, Renting Fitness Equipment, etc.

Name of Course/Class: _____

Start Date Of Course/Class: _____ End Date Of Course/Class: _____ Amount Requested: \$ _____

4. Complete this section to request reimbursement for Fitness Equipment/Other Eligible Wellness Expense Items.

Type of Equipment: _____

Purchase Date: _____ Total Cost: \$ _____ Amount Requested: % _____

1. **Annual Memberships:** If you are enrolled with an Annual Contract, a copy of the Contract along with the VCM Wellness Reimbursement Form is required to be submitted; you will be eligible for reimbursement for the amount you have incurred (including fees and taxes) up to the Wellness benefit annual maximum.
2. **Monthly Memberships:** If you pay a monthly membership fee, a detailed receipt, showing the name of the facility/vendor, the date(s), and the amount requested, along with the VCM Wellness Reimbursement Form is required each time you request payment. You will be eligible for reimbursement for the amount you have incurred (including taxes and fees) up to the Wellness benefit monthly maximum.
3. **Fitness Related Course/Class:** A detailed receipt, showing the name of the facility/vendor, Course/Class(es) the date(s), and the amount requested, along with the VCM Wellness Reimbursement Form is required each time you request payment. You will be eligible for reimbursement for the amount you have incurred (including taxes and fees) up to the Wellness benefit annual maximum.
4. **Fitness Equipment/Other Eligible Wellness Expense Purchase:** A detailed receipt, showing the name of the vendor, date purchased, and amount of the equipment or eligible item paid must be submitted, along with the VCM Wellness Reimbursement Form each time you request payment. You will be eligible for reimbursement for the amount you have incurred at 50% of the cost of the equipment (including taxes and fees) up to the Wellness benefit annual maximum(s).

Employee Signature: _____ Date: _____ Total Amt. Requested: \$ _____



“Feeling Fit” – A Victory Capital Management Inc. Wellness Reimbursement Program

Wellness Reimbursement Policy Acknowledgement/Waiver

All employee's and spouse's (if applicable) participation in off-duty recreational, social, or athletic activities is strictly voluntary and is not considered part of the employee's work-related duties with Victory Capital Management Inc. and its subsidiaries ("Victory Capital").

Victory Capital does not expressly or impliedly require such participation and has no expectation of any employee or dependents (if applicable) will participate, in any recreational, social, or athletic activities. Victory Capital merely offers wellness reimbursement benefits to encourage a healthy lifestyle. Thus, pursuant to Labor Code §3600(a)(9), neither Victory Capital nor its general liability or workers' compensation insurance carriers are liable for payment of benefits should any injury arise out of such voluntary participation in any off-duty recreational, social, or athletic activity.

I, _____, acknowledge that I have received and read Victory Capital's Wellness Policy. I understand that my participation or my spouse's participation (if applicable) in any off-duty recreational, social, or athletic activities is strictly voluntary, and that Victory Capital does not require participation or have any expectation of participation in any such activities.

I also understand that all wellness reimbursement requests are processed on a Quarterly Basis and that any year-end wellness reimbursement requests must be received by Human Resources no later than January 10th of the following year for eligibility consideration.

Employee Signature

Date

Spouse Signature (if applicable)

Date

Employee Name - Printed