

# Greenfield Central Community Schools

## Wellness Benefit Claim Form

**Part 1**

*Please type or print clearly*

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

**Part 2**

**SIGN/DATE**

I certify that the expenses for which reimbursement is requested under the Wellness Benefit were incurred by myself or my eligible spouse. I further certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Part 3**

**COMPLETED ACTIVITIES**

Attach verification and, if applicable, proof of attendance for any Wellness Plan activity or program event to earn wellness credits.

Description of Eligible Activity or Event	Person Completing the Activity or Event	Date of Completion or Service Date	Total Amount of Credits Earned
			\$
			\$
			\$
			\$

**TOTAL CREDITS EARNED:** \$

When an event or activity is completed, fill out the Wellness Benefit Claim form, attach proof of participation and submit the information to Dunn & Associates to receive your HRA credit.

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 Email: [dayers@dunnbenefit.com](mailto:dayers@dunnbenefit.com)