

The examples below represent approved classes and activities for the FY 2010 WOW! Wellness Rebate. If you do not see your activity listed, please email us at [mainehealthwow@mainehealth.org](mailto:mainehealthwow@mainehealth.org) to see if it is approved. You may use the \$50 (per each six month period) toward one wellness-related activity or split it between multiple activities.

Please note: Activities covered by your health plan or your flexible spending account are not eligible for the Wellness Rebate.

<u>Class/activity periods:</u>	<u>Submit form by:</u>	<u>Receive rebate:</u>
October 1, 2009 - March 31, 2010	March 31, 2010	July, 2010
April 1, 2010 - September 30, 2010	September 30, 2010	December, 2010

**Fitness**

- Gym membership (e.g.. Curves, Planet Fitness.)
- Recreational sports teams (e.g. soccer, softball)
- Registration/entry fees to sporting events (running, bicycling, triathlons etc.)
- Personal training
- Kick boxing
- Martial arts
- Dance lessons
- Golf (without golf cart)
- Belly dancing
- Nordic skiing, skiing, snowboarding, snowshoeing
- Horseback riding (lessons & riding fees)
- L.L. Bean Outdoor Discovery Schools

**Relaxation**

- Reiki
- Yoga
- Pilates
- Tai Chi

**Nutrition**

- Healthy cooking classes
- Community Supported Agriculture Shares

**Weight Management**

- Take Off Pounds Sensibly (TOPS)
- Online programs other than Weight Watchers
- Weight Watchers is NOT eligible because Weight Watchers' participants receive a \$50 rebate with WOW! Weight Watchers Rebate

**General Wellness**

- Chronic condition classes
- First aid and CPR class
- Caregiver classes
- Healthy family classes

**Not Eligible**

- Personal items and equipment you purchase such as DVDs, exercise equipment, gear and fitness game systems
- Charitable donations

***Here are a few resources for health education classes:***

- MaineHealth Learning Resource Center (1-866-609-5183)
- Your community hospital
- Your local recreation department
- Your local adult education program

Employees who participate in wellness classes/activities are eligible to receive a rebate of up to \$50.00 per six-month period.

- **Proof of payment must be sent in with this completed form**
- **Late forms will not be accepted**
- **All gym memberships now require *just* proof of participation.** Effective October 1, 2009, you must show proof of participation at the gym (50 times during a 6-month rebate period) in order to receive a rebate, we will no longer accept proof of payment.
- Rebates will be disbursed in your regular paycheck in July & December 2010 and are taxable.
- The rebate amount will be for the amount of the receipt you submit, up to \$50

Name \_\_\_\_\_ Phone \_\_\_\_\_

Last 4 digits of SS# \_\_\_\_\_ Email \_\_\_\_\_

Employee ID # \_\_\_\_\_ Job Title/Dept. \_\_\_\_\_  
(if applicable)

Employer (please check one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> HomeHealth Visiting Nurses | <input type="checkbox"/> Maine Medical Partners        | <input type="checkbox"/> Synernet                |
| <input type="checkbox"/> Lincoln County Healthcare  | <input type="checkbox"/> Maine Mental Health Partners  | <input type="checkbox"/> Waldo County Healthcare |
| <input type="checkbox"/> MaineHealth Corporate      | <input type="checkbox"/> Western Maine Healthcare      | <input type="checkbox"/> NorDx                   |
| <input type="checkbox"/> Maine Medical Center       | <input type="checkbox"/> Southern Maine Medical Center | <input type="checkbox"/> New England Rehab       |

Class Name \_\_\_\_\_ Class Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Class Description (including cost): \_\_\_\_\_

*I certify that the information above is valid*

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

**Send completed form and proof of payment to:  
MaineHealth WOW! 465 Congress Street, Suite 701, Portland, ME 04101  
Or, fax to: 207-541-7548**

Questions? Email: [mainehealthwow@mainehealth.org](mailto:mainehealthwow@mainehealth.org) or Call: 1-866-WOW-6090

***Please keep a copy of this form for your records.***

*For Office Use Only*

Date Reviewed \_\_\_\_\_ Reviewed By \_\_\_\_\_ Amount of Reimbursement \_\_\_\_\_