



**APPENDIX 1 -**  
**WELLNESS ACCOUNT**

**CLAIM FORM**

<b>Last Name:</b> _____		<b>First Name:</b> _____		<b>Employee Number:</b> _____	
<b>Department:</b> _____					
<b>Position Type:</b> Permanent: <input type="checkbox"/> Seasonal: <input type="checkbox"/> Council: <input type="checkbox"/>					
<b>Name of Wellness Item(s)</b> a) _____ b) _____			<b>Name of Store or Instructor Where Wellness Item Was Purchased</b> _____		
<b>Date of Wellness Item Purchased</b> _____			<b>***ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM***</b>		
<b>Wellness Category</b> (Note: If you are unsure if an item is eligible under the Wellness Account, please speak to Human Resources before making your purchase.)			<input type="checkbox"/> <b>Physical Activity &amp; Fitness</b> <input type="checkbox"/> <b>Stress Management</b> <input type="checkbox"/> <b>Healthy Eating</b> <input type="checkbox"/> <b>Lifestyle &amp; Personal Development</b> <input type="checkbox"/> <b>Leisure Activities</b>		

*The above service, product or instructional course has been purchased for myself or my eligible family member, under the Wellness Account. All ORIGINAL receipts are from a qualified vendor or service provider, indicating that the service provider has been PAID in full.*

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

**Application: Approved / Declined**

\_\_\_\_\_  
**Chief Administrative Officer**

\_\_\_\_\_  
**Date**