

# Corporate Reimbursement Policy

Date: [Insert Date]

To: [Employee Name]

From: [Your Company Name]

Subject: Reimbursement Policy for Health and Wellness Programs

## Introduction

At [Your Company Name], we are committed to promoting the health and wellness of our employees. This letter outlines our reimbursement policy for eligible health and wellness programs.

## Eligibility

Employees must be actively employed at [Your Company Name] and can participate in the reimbursement program for expenses incurred on health and wellness activities, including but not limited to:

- Gym memberships
- Fitness classes
- Nutrition counseling
- Wellness retreats

## Reimbursement Amount

Employees may be reimbursed up to [Insert Amount] per calendar year for eligible expenses. To receive reimbursement, employees must provide valid receipts.

## How to Apply

To apply for reimbursement, please complete the attached reimbursement form and submit it along with your receipts to [Insert Contact/Department]. Applications must be submitted within [Insert Time Frame] of the expense.

## Contact Information

If you have any questions regarding this policy, please contact [Insert HR Contact Information].

## **Conclusion**

We encourage all employees to take advantage of our health and wellness programs and look forward to supporting your journey towards better health.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]