



Leeco Steel LIVSMART Fitness Reimbursement

The Company Encourages employees to participate in the LIVSMART Wellness Program and in recreational and fitness activities as a means to better health. To promote this policy, the company will share the cost of the defined employee health and physical fitness activities listed below. To qualify, an employee must be a LIVSMART program participant. The LIVSMART team will review requests for reimbursement and certify reimbursement of eligible expense semi-annually in June for the period of January-June and December for the period July-December of each year.

Beginning with expenses incurred on or after January 1, 2019, employees may request reimbursement for 100% of associated costs, up to \$400 (per employee/family) annually towards fitness activities. For example, if the gym membership is \$700, the amount of \$400 is eligible for reimbursement. (Lisle employees who are members of Arboretum Lake Fitness Center are entitled to a maximum reimbursement of \$280 annually.)

The Following Items are Covered for Reimbursement:

- Fitness center or gym membership.
- Weight Watchers or other approved weight loss program or service.
- Membership to martial arts, personal training, yoga or other health related studio.
- Registration fees for employee participation in sporting events to include 5K's, triathlons, marathons and similar events.

The application for cost sharing is attached.

Documentation should be submitted to LIVSMART Health and Wellness. Employees can e-mail the forms to connect@livesmartoni.com or fax to (205) 599-8299.

Documentation may also be mailed to:

LIVSMART

c/o O'Neal Steel

P.O. Box 2623, Birmingham, AL, 35202

Reimbursements will be made on a semi-annual basis. To be eligible, employees must work an average of 30 hours per week and have been employed by Leeco Steel for at least six months. Requests for reimbursement will be processed a maximum of twice per calendar year.

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.

**2019 LEECO STEEL
FITNESS AND RECREATIONAL ACTIVITIES
REIMBURSEMENT APPLICATION FORM**

TO APPLY:

Employees should complete the information below, and submit proof of their individual health program and proof of payment to LIVESMART. Employees can e-mail the forms to connect@livesmartoni.com or fax to (205) 599-8299.

To be completed by Employee:

Employee Name: _____

Work City: _____

Email Address: _____

Phone Number: _____

Name of Facility or Event: _____

Address: _____

Membership Fee: _____

Membership Period: _____
(monthly/annually)

Leeco Steel Benefit Amount: _____

I hereby certify that the above information and the attachments furnished are correct. In accepting the company's reimbursement, I certify to regularly attend the club and/or participate in aerobic conditioning programs. I participate in LIVESMART, and I have participated/attended at least 26 times during the period of reimbursement requested (January 1-June 28, 2019 or July 1-December 31, 2019). Please include any documentation when submitting the application form.

Signature: _____ Date: _____

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.