



## Leeco Steel LIVESMART Fitness Reimbursement

The Company encourages employees to participate in the LIVESMART 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 LIVESMART program participant. The LIVESMART team will review requests for reimbursement and certify reimbursement of eligible expense annually in November for the period of January-December 2021.

Beginning with expenses incurred on or after January 1, 2021, 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 \$500, the amount of \$400 is eligible for reimbursement.

### 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.
- Bicycles and/or helmets
- Cardiovascular exercise equipment (treadmill, elliptical, stationary bicycle, etc)
- Exercise DVDs or subscriptions to access streaming workouts and exercises
- Hand weights, exercise/balance balls, resistance bands

The application for cost sharing is attached.

Documentation should be submitted to LIVESMART Health and Wellness.  
Employees can email forms to [connect@livesmartoni.com](mailto:connect@livesmartoni.com) or fax to (205) 599-8299.

Documentation may also be mailed to:  
**LIVESMART**  
2311 Highland Avenue S, Suite 102, Birmingham, AL 35205

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 annual reimbursement is November 12, 2021.*

# Fitness & Recreational Activities Reimbursement Application

Return completed application by e-mail: connect@livesmartoni.com

Regular mail: LIVESMART Health and Wellness

2311 Highland Avenue S, Suite 102, Birmingham, AL 35205.

## Step 1

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

Fitness Membership Holder: \_\_\_\_\_

Company: \_\_\_\_\_ Location/District: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Step 2

**ATTENTION: Before submitting please confirm by checking all of the following (2) items are COMPLETED and INCLUDED for Fitness Reimbursement approval.**

- I participate in LIVESMART.
- I have enclosed my payment receipt for costs associated with this activity.

## Step 3

### FITNESS FACILITY MEMBERSHIP REIMBURSEMENT

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Membership Type (Please circle one): Single      Family      2-Person

What is your membership monthly fee? \_\_\_\_\_

What is the total amount paid? (January 1, 2021 – December 31, 2021) \_\_\_\_\_

### CLASS/TRAINING/ EVENT REIMBURSEMENT

Training/Event Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is your monthly fee? \_\_\_\_\_

What is the total amount paid? (January 1, 2021 – December 31, 2021) \_\_\_\_\_

*(100% of associated cost, up to \$400.00 for Leeco Steel employees, will be reimbursed (total per family) annually.)*

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, 2021 -December 31, 2021). Please include any documentation when submitting the application form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submission deadlines for annual reimbursement is November 12, 2021.*