



**California Sanitation Risk Management Authority**  
**FY 2009/10 Employee Health and Wellness Reimbursement Program**

Please Complete All Fields

<b>Member Name:</b>		<b>Date:</b>
<b>Member Contact:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Reimbursement Requested For</b> <i>(please describe):</i>		
<b>Date Purchased</b> <i>(Please attach proof of purchase):</i>	<b>Reimbursement Amount Requested</b> <i>(please see guidelines at the bottom):</i>	
<b>This is a</b> <i>(check all that apply):</i>		
<input type="checkbox"/> <b>Service</b>	<input type="checkbox"/> <b>Software</b>	<input type="checkbox"/> <b>Equipment</b>
<input type="checkbox"/> <b>Training</b>	<input type="checkbox"/> <b>Wellness Program Development</b>	<input type="checkbox"/> <b>Wellness Program Management</b>
<input type="checkbox"/> <b>Wellness Consulting</b>	<input type="checkbox"/> <b>Other</b> <i>(please describe):</i>	
<b>Please explain how this will improve or enhance your employee health and wellness efforts:</b>		
<b>Signature</b> <i>(General Manager or equivalent):</i> _____		
<b>Date:</b> _____		
<b>Please submit this completed reimbursement request form to David Patzer at either:</b> <a href="mailto:losscontrol@sbcglobal.net">losscontrol@sbcglobal.net</a> or 170 Dogwood Lane, Vallejo CA 94591		
<b>Please note:</b>		
<ol style="list-style-type: none"> <li>The CSRMA Employee Health and Wellness Reimbursement Program is available to members of the CSRMA Workers' Compensation Program only.</li> <li>Each member can request reimbursement for up to a total of \$1,200 per fiscal year (7/1-6/30).</li> <li>The amount of reimbursement requested cannot exceed the cost of the item(s) purchased.</li> <li>Each member may submit up to 4 reimbursement requests per fiscal year, so long as the total reimbursement amount does not exceed \$1,200 per fiscal year.</li> <li>Reimbursement requests must be submitted during the same fiscal year that the expense was incurred.</li> <li>The CSRMA Workers' Compensation Committee will review this request form at their next meeting. The Committee meets three times per year.</li> <li>You will be notified following the Committee meeting in which it was reviewed of the status of your reimbursement request.</li> <li>Please contact David Patzer at 707373.9709 or <a href="mailto:losscontrol@sbcglobal.net">losscontrol@sbcglobal.net</a> if you have any questions.</li> </ol>		

