



Wellness Benefit Claim Form

Hutter Construction Corporation

August 2014

Employee Name: _____; HPI # _____

Mailing Address: _____

The following items are covered under this special benefit category:

Massage therapy, vitamin therapy, nutritional counseling, acupuncture, stress reduction therapy, Pilates, Yoga, weight loss clinics/programs and exercise equipment!

Benefit Available:

Upon proof of paid fee and successful program completion, benefits will be payable at 50% up to a combined maximum of \$250* per person, per calendar year (deductible waived)

This verifies that _____ has completed / attended / purchased the following *Covered Wellness Program Benefit*:

Program Sponsor: _____

Date attended: _____

Signature of Program Sponsor (where Applicable): _____

Cost of Program or covered Wellness item (Attach Receipts): \$ _____

Employee Signature: _____ Date: _____

Please return to Hutter Construction Human Resources Department!