



Fitness Reimbursement Program

Watts encourages employees to achieve a well-rounded, healthy lifestyle through physical fitness. Building and maintaining healthy habits is essential to improving overall health.

Program Eligibility

After you or a family member participates in one of the qualified options below for 4 consecutive months *(in a calendar year)* you can submit for up to a **\$250 reimbursement**.

What Qualifies for a Fitness Reimbursement?

- Virtual fitness class subscriptions
- Membership to a full-service health / fitness facility that offers cardiovascular and strength-training equipment
- Membership to a fitness facility or studio that offers:
 - ✓ Yoga
 - ✓ Pilates
 - ✓ Zumba
 - ✓ Aerobic / Group Classes
 - ✓ Kickboxing
 - ✓ CrossFit
 - ✓ Strength Training
 - ✓ Indoor Cycling / Spinning Classes
 - ✓ Indoor Rock Climbing
 - ✓ Personal Training *(taught by a certified instructor*)*

Validation of qualifying facilities and virtual fitness subscriptions is subject to approval by Watts.

**Instructors must be professionally trained and certified through industry approved organizations such as ACE, Spinning, MOSSA programs, NSCA, ACSM*





Types of Expenses that Do Not Qualify

Health clubs that do not qualify include martial arts centers, gymnastics facilities, country clubs, tennis, or pool-only facilities; social clubs; or sports teams and leagues. Or the purchase of any type of exercise equipment.

What Are You Waiting For?

Find a program that works for you and that meets the requirements of the program.

In order to receive the max reimbursement of \$250, please be sure to:

- ✓ Complete a Fitness Benefit Form
- ✓ Attach dated, original receipts, or copies of credit card statements showing the dates and amounts paid; receipts should include the member's name and any individual charges for each Health Club or Fitness Facility Membership or class
- ✓ Sign and date the completed Fitness Benefit Form and provide it to your HR Business Partner



WATTS FITNESS BENEFIT FORM

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE ID
STREET ADDRESS		CITY	STATE
ZIP CODE			
WORK LOCATION			

MEMBER INFORMATION

(Use a separate form for each member)

LAST NAME	FIRST NAME	MIDDLE INITIAL
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Member is (Check one)

Employee Spouse Child

WHEN TO SUBMIT THIS FORM:

- After you have been a member of a health club for at least **4 consecutive months in a calendar year.**
- Once per calendar year, filed by March 31st of the following year with *all required receipts.*

CLUB/CLASS INFORMATION (REQUIRED)

(Attach photocopies of dated, paid health club receipts)

HEALTH CLUB NAME	HEALTH CLUB ADDRESS	TOTAL CHARGES SUBMITTED	TOTAL CHARGES ALLOWED

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of any information to Watts Water Technologies, Inc. about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Employee Signature: _____ Date: _____