



NUTRITION COUNSELING REIMBURSEMENT

Reimbursement for 75% of the cost each month, not to exceed \$75.00 towards the following approved programs.

- Move the Needle*
- Weight Watchers*
- Optimize Me Nutrition*
- Registered Dietician*
- Noom*

Date: _____

Employee Name _____

Approved Program _____

Amount: _____

NOTE: *Dated receipt MUST be attached for reimbursement. Submit form to the HR department for a payroll reimbursement.*