

Reimbursement Form and Instructions

Fitness Club Membership

Eligibility:

All regular U.S. full-time and regular U.S. part-time Scotts associates working outside of Marysville and their spouses. Seasonal Associates and Merchandisers & Counselors are not eligible for this reimbursement.

Reimbursement requirements:

- You must work outside of the Marysville, OH area.
- You must join a qualified, full-service health and fitness club.
- Associates may receive the fitness club reimbursement **once** in a calendar year.

Types of facilities covered:

- A qualified, full-service health and fitness club is a facility with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness.
- Facilities/programs that **do not qualify** for reimbursement include: martial arts centers, gymnastics facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

Benefits:

Reimbursement will be made annually to the associate and paid through payroll. Participation in the Fitness Club Reimbursement Program will be considered taxable income for the associate in the calendar year in which it is paid. An associate can receive an annual membership reimbursement of:

- Up to \$250 – associate only
- Up to \$400 – associate and spouse/family

Instructions to associates for completing the “Requisition for Payment” form:

- Please keep copies of all documentation before sending in your form.
- The following documents are required for reimbursement:
 - Copy of the fitness club contract/membership agreement that includes dates of membership and spousal information if applicable.
 - Receipts to verify payment in full, or
 - If paying monthly, provide all receipts totaling your reimbursement request (copies of your monthly statement or payment record print out from facility is acceptable)
- Reimbursement will be made payable to the associate. Complete the date, your associate number (found on your paycheck), your full name, your entire address (Street/P.O. Box, City, State and Zip) and your daytime telephone number.
- Indicate if reimbursement is for you or both you and your spouse.
- The Company Code, Account Number and Cost Center have already been completed. Enter the amount to be paid to you. If there is a discrepancy between your receipts and what is written on the form, the form will be returned to you for clarification.
- Sign your name in the “Requested by” box.
- Return the form to Alison Shinault for processing at the address listed below.

If the form is incomplete or completed incorrectly, it will delay payment of your request. If you have questions, contact Alison Shinault at 800-221-1760, extension 5774.

Alison Shinault
HR Benefits
Scotts Wellness Reimbursement Program
14111 Scottslawn Road
Marysville, OH 43041



Requisition for Payment

The Scotts Company
Taxable Reimbursement for Wellness

Use this form for the **fitness club** reimbursement.

Date: _____ Associate Number: _____

Location Name/Number: _____

Pay to: _____ Address: _____
(Please print associate's name)

Daytime telephone: _____

Item Description: please check appropriate box(s)

Fitness Club Reimbursement

- Associate only
 Associate and spouse/family

Company Code 3000

Account No. 606630

Cost Center 11280

Amount Payable: \$ _____

Requested by: _____ Approved by: *Alison Shinault*
(Associate signature required)

For office use only: _____