

Reimbursement Form and Instructions

- Tobacco Cessation Counseling
- Tobacco Cessation Aids

Eligibility:

All regular U.S. full-time and U.S. part-time Scotts associates and their spouses.

Expenses eligible for reimbursement:

- **Tobacco Cessation Counseling:** Costs for qualified tobacco cessation counseling programs will be reimbursed 100%. Programs must be conducted by a certified tobacco cessation instructor to be eligible.
- **Tobacco Cessation Aids:** Costs for approved tobacco cessation aids will be reimbursed 100%. A copy of a physician's prescription is required to receive reimbursement for all over-the-counter therapies and/or prescribed drugs.

Items eligible for reimbursement:

Bupropion SR – Zyban, Wellbutrin (must be prescribed specifically for tobacco cessation)

Nicotine Replacement Therapy – Gum (i.e., Nicorette), Inhaler (i.e., Nicotrol), Nasal Spray (i.e., Nicotrol), Patch (i.e., Nicoderm), Lozenge (i.e., Commit)

Varenicline – Chantix

Note: The above tobacco cessation aids are covered under the Scotts medical plans through Anthem Blue Cross and Blue Shield. Associates and spouses enrolled in the Scotts medical plan should process these items through the medical plan (at any Anthem-contracted pharmacy).

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

- Scotts will reimburse for counseling and aids purchased on or after October 1, 2005.
- **Original** receipts must accompany all requests (reimbursement amounts and dates must be clear and readable). Please keep copies for your records.
- A copy of a physician's prescription must be included.
- 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 your spouse or both.
- Item Description: Mark item(s) to be reimbursed.
- 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. Please submit forms and receipts no more frequently than once per month.

If the form is incomplete or completed incorrectly, it will delay payment of your request. Reimbursements are non-taxable and will be mailed to your home if you are not set up for direct deposit with Accounts Payable. If you have any 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
Non-Taxable Reimbursement for Tobacco Cessation*

Use this form for the reimbursement of Tobacco Cessation Counseling and Tobacco Cessation Aids, if you are unable to process through the Scotts Medical Plan.

Date: _____ Associate Number: _____

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

Daytime telephone: _____

<p>Item Description: please check appropriate box(s)</p> <p><input type="checkbox"/> Tobacco cessation counseling</p> <p><input type="checkbox"/> Tobacco cessation aids</p>	<p>Individuals Who Participated:</p> <p><input type="checkbox"/> Associate</p> <p><input type="checkbox"/> My spouse – Name: _____</p>
---	---

Company Code 3000

Cost Center 11280

Account No. 606630

Amount Payable: \$ _____

Requested by: _____
(Associate's signature required)

*Approved by: _____

For office use only: _____

*Must be approved by Alison Shinault, Scotts Benefits Department.