

Reimbursement Form and Instructions

Weight Watchers

Eligibility:

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

Reimbursement requirements:

- Be enrolled in a traditional Weight Watchers program, or
- Be enrolled in Weight Watchers Online
- Associates may receive the Weight Watchers reimbursement **once** in a calendar year

Benefits:

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

- Up to \$150 – associate only
- Up to \$150 – spouse only

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:
 - Original receipts to verify payment in full, or
 - If paying weekly or monthly, provide all receipts totaling your reimbursement request
- 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 and/or 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 **Weight Watchers** reimbursement.

Date: _____ Associate Number: _____

Location Name/Number: _____

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

Daytime telephone: _____

| | |
|--|---|
| Item Description: please check appropriate box(s) | Weight Watchers Reimbursement <input type="checkbox"/> Associate <input type="checkbox"/> Spouse |
|--|---|

Company Code 3000 Account No. 606630 Cost Center 11280

Amount Payable: \$ _____

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

For office use only: _____