



To receive your DPP Reimbursement*, bring this form into your DPP Leader for signature to verify:

I have...

- _____ Attended 9 sessions in first six months
- _____ Attended 3 sessions in months 7-12
- _____ Lost at least 5% of body weight after 12 months

The criteria above allows for \$125 reimbursement* of the DPP fee incurred while attending to meet that goal. **Employee should maintain a record of payment verifying DPP enrollment fee.**

Total amount paid for DPP program: \$ _____

Reimbursement* due: \$ _____

Please submit this completed form, along with record of payment(s) to Healthy-sooners@ouhsc.edu

For verification of successful completion, have your DPP Leader complete the following:

I certify that _____ has attended DPP and met the outlined criteria.

DPP Leader Signature: _____

DPP Leader Name (print) _____

DPP program date: _____

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Request form must be fully completed. Keep copies of all materials submitted. Reimbursements are normally processed within two pay periods. Availability and terms of reimbursement may change without notice.*

Employee to complete:

Employee Name (print): _____

Employee ID Number (6-digit number beginning with 5 or 0): _____

**Reimbursements are received on your OU paycheck. Contributions of this nature are considered taxable income by IRS regulations and processed accordingly. Please complete the Employee Wellness Benefit Reportable as Income form and submit with this form.*

Send completed forms and questions to healthy-sooners@ouhsc.edu.