

Wellness Stipend Program



Fire Risk Management Services (FRMS) Wellness Stipend Program

Each Fire District participating in the FRMS medical program will be allotted a wellness stipend based upon the number of fire personnel enrolled in the FRMS medical program as of January 1, 2025.

The district wellness stipend must be used towards the Fire District's wellness activities and/or equipment/supplies that directly benefit the wellness of firefighters and emergency personnel during the plan year (there is no carry over of monies to the following year).

Once the Fire District decides on the wellness activities, events, programs, or equipment/supplies, a detailed explanation along with a Fire District generated invoice (see the Fire District Wellness Stipend Program Invoice Form) are to be completed. The explanation documentation along with the completed invoice should be submitted via email to Dawn Almanzor, dalmanzor@keenan.com. Reimbursements will be made via check mailed directly to the Fire District.

The detailed explanation should include:

- Fire District name and address
- Fire District contact person
- Description of wellness expense (can include attachments including proposals, receipts, pictures, i.e.)
- Number of fire personnel that will benefit from this wellness expense
- Date of wellness expense
- Vendor name and address from whom wellness expense is being made
- Dollar amount of wellness expense
- Signature, printed name, title, and date signed of authorized Fire District contact placing order

Each Fire District is allowed one invoice per year. To maximize your Wellness Stipend, the invoice can be for multiple wellness activities, events, programs, or equipment/supplies and should request the full wellness stipend the Fire District is eligible for.



Please complete the invoice on the back and contact Dawn Almanzor at dalmanzor@keenan.com, with any questions.

FRMS Wellness Stipend Invoice Form

Fire District Name:

Fire District Address:

Street Address:

City, State, Zip Code:

Contact Person:

First and Last Name:

Phone Number:

E-mail Address:

Wellness Expense 1**Description of Wellness Expense:**

Vendor Name:

Vendor Address:

E-mail or Website:

Number of Personnel Benefited:

Cost of Wellness Expense:

Wellness Expense 2**Description of Wellness Expense:**

Vendor Name:

Vendor Address:

E-mail or Website:

Number of Personnel Benefited:

Cost of Wellness Expense:

Wellness Expense 3**Description of Wellness Expense:**

Vendor Name:

Vendor Address:

E-mail or Website:

Number of Personnel Benefited:

Cost of Wellness Expense:

I certify that I am authorized by the Fire District to make the Wellness Expenses outlined in this invoice and that the Wellness Expense is made to benefit the number of fire personnel listed.

Signature

Printed First and Last Name

Title

Date