


Welcome to UW Health and Madison, Wisconsin!



As you make plans to prepare for your journey to UW Health, we want to provide you with information and resources that will help you navigate through any moving/relocation expense you may have.

We offer three relocation reimbursement options for you to consider.

Relocation Reimbursement Options: Choose One or Use in Combination*

	1 UW Health Preferred Vendor	2 Moving Vendor of Your Choice	3 No Mover Hired
Reimbursement	<ul style="list-style-type: none">■ UW Health directly billed by moving vendor■ You do not have to pay moving company up front■ UW Health will pay the moving company directly, up to the maximum relocation budget amount you have been approved for■ Anything due beyond what UW Health has agreed to pay, you are responsible pay to the moving company directly■ To obtain a quote, please complete the form (See ATTACHMENT C), and return it to the moving company/s indicated on the bottom of the form.	<ul style="list-style-type: none">■ You need quotes from at least <u>two moving companies</u> and submit to UWHealthRecruitment@uwhealth.org for review.■ You are responsible for payment of expenses up front.■ Submit all original, itemized receipts after your start at UW Health the move via Oracle (See ATTACHMENT D), for review and reimbursement.■ Reimbursement claims must be supported by valid itemized receipts and are submitted after your start date and within 90 days of relocation.■ Payment is made 1-2 pay cycles after receipt submission via payroll.	<ul style="list-style-type: none">■ You may rent a moving truck/trailer to facilitate move on your own.■ Submit all original, itemized receipts via Oracle (See ATTACHMENT D) for review & reimbursement.■ Reimbursement is limited to “actual reasonable, and necessary costs” for hired labor in loading and unloading household goods, truck /trailer rentals, moving equipment, gasoline, containers, or other legitimate expenses incidental to the move.■ Reimbursement of time to you, friends, or family is not allowed.

UW ^{Health}	1 UW Health Preferred Vendor	2 Your Moving Vendor of Choice	3 No Mover Hired
Number of Estimates	You do not need more than <u>one estimate</u> with a preferred vendor	You must obtain at least <u>two estimates</u> if selecting a non-preferred moving vendor and select the lowest bidder	You must obtain at least <u>two estimates</u> if renting a vehicle to move and select the lowest bidder
Taxability	Per IRS Guidelines, all relocation reimbursement is to be reported as taxable income. The amount paid to a moving company or reimbursed to you via payroll will be reported on your W2 as taxable income.		
Covered Expenses	See ATTACHMENT A		
Loss or Damage Protection	<ul style="list-style-type: none"> ▪ All preferred vendors provide insurance. ▪ If you experience any loss or damage, you must immediately notify the moving company. ▪ The moving company will provide you with proper claim forms and procedures. ▪ For preferred vendor liability coverage see ATTACHMENT B ▪ UW Health is not subject to any loss or damage expenses 	<ul style="list-style-type: none"> ▪ Subject to selected mover's terms ▪ UW Health is not subject to any loss or damage expenses 	<ul style="list-style-type: none"> ▪ UW Health is not subject to any loss or damage expenses
Payback	If you voluntarily or involuntarily terminate employment from UW Health prior to 24 months from your start date, you will need to pay back 100% of relocation assistance benefits reimbursed to you.		

***A new hire can use any combination of the three options above, as long as moving expenses fall within the guidelines of reimbursable items and the maximum relocation reimbursement amount.**

Example: An employee can hire a local moving company (Option 2) to load and unload items into a U-Haul or pod rental van (Option 3). In this situation, there must be an invoice/s from the established local moving company at the origin and destination location, in addition to the receipts for a rental van and other approved expenses.

Whether you hire a UW Health preferred moving vendor or select a moving vendor of choice, new hires are eligible to receive relocation assistance for up to their approved amount as stated in your UW Health offer of employment letter. Moving expenses that exceed the noted approved budgeted amount will not be paid by UW Health.

Relocations need to occur no later than 180 days of beginning employment at UW Health as a regular employee for expenses to be eligible for reimbursement.

Detailed receipts need to be submitted via Oracle, within 90 days upon completion of move or expenses will not be reimbursed.

Steps to Follow Based on Reimbursement Option(s) Selected

If you select **① UW Health Preferred Vendor**, the following steps should be followed:

1. Complete the "Move Initiation Form" and submit it to one or both preferred vendors. (See [ATTACHMENT C](#)).
2. The vendor will contact you to arrange a physical inventory and cost estimate.
3. You communicate with the vendor to schedule your move.
4. Vendor will schedule your packing and moving dates.
5. Vendor will submit invoice for approved* expenses directly to UW Health.
6. UW Health will pay the vendor for all approved* expenses.

**Any additional fees you incur with the vendor beyond the approved relocation amount UW Health provided, will be billed to you directly by the vendor.*

If you select **② Moving Vendor of Your Choice OR ③ No Mover Hired OR a combination of these**, the following steps should be followed:

1. You must obtain estimates from **two vendors** of your choice.
 2. Submit both estimates to HR at UWHealthRecruitment@uwhealth.org.
 3. Wait for HR to provide authorization to proceed with one of the authorized vendors.
 4. You schedule/finalize services with the authorized vendor.
 5. You pay the vendor for services rendered and request a detailed/itemized receipt.
 6. **Once you begin employment at UW Health, the receipt(s) can be submitted electronically via Oracle. (see ATTACHMENT D)**
 7. This will be reviewed along with all submitted expenses that are approved as appropriate.
 8. You will receive relocation assistance/reimbursement via your paycheck. Payment may take up to 1-2 pay periods after approved submission.
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ATTACHMENT A: Relocation Expenses Chart

Reimbursable Moving Expenses	Non-Reimbursable Moving Expenses
<p>UW Health will reimburse for the cost of <u>moving</u> the following household goods and personal effects such as:</p> <ul style="list-style-type: none"> • Furniture • Cabinet/closet contents • Clothing • Musical instruments • Household appliances • Food <p><i>The above list notes items we will move from point A to point B, <u>not for the purchase</u> of these household goods.</i></p> <p>UW Health also covers direct costs for additional fees charged by the moving company:</p> <ul style="list-style-type: none"> • Line haul. • Fuel/insurance surcharge • Seasonal rate adjustment • Long carry. • Stairs • Elevator • Piano/organ moving • Extra labor. • Cleaning of house (1x) • Appliance service • One-way mileage cost at the present standard rate of moving one vehicle to the new residence using the most direct route* • Purchase of containers/packing materials • Ferry charges/tolls • Storage rental for up to 30 days • Packing/unpacking • Meals en route up to \$140 (maximum of \$70/day) • Hotels en route up to \$250 total <p><i>*Mileage claim may not exceed mileage shown on the bill of lading</i></p>	<ul style="list-style-type: none"> • Property for resale • Property not owned by the family • Farm equipment. • Livestock • Trailers • Boats more than 14 feet in length • Mileage or hauling/towing of additional vehicles (motorcycles, trucks, recreational vehicles, and automobiles) • Building materials. • Items used in a personal business. • Items that may be found in a household, but which the carrier cannot or will not allow to be placed in the moving van (i.e., pets, flammable items, caustic aerosols, spoilable items, plants, jewelry, frozen foods, etc.) • Swing sets, jungle gyms and other similar outdoor items • Exclusive use/space reservation/expedited service charges • Valuation/additional insurance. • Extra pickup of household goods • Warehouse handling • Weight additives for transporting any bulky articles • Overtime loading/unloading as required by the customer • Weight and bulky article charges. • Third party services • Other costs associated with the move. <div data-bbox="886 1289 1321 1650"> </div>

ATTACHMENT B: Preferred Vendor Loss or Damage Protection

Your Mover's Liability and Your Claims

In general, your mover is legally liable for loss or damage that occurs during the transportation of your shipment and all related services identified on the bill of lading.

The extent of your mover's liability is governed by the Surface Transportation Board's Released Rates Order. You may obtain a copy of the current Released Rates Order by visiting the Surface Transportation Board's website at: [http://www.stb.dot.gov/Decisions/readingroom.nsf/\(search-10.192.5.24-19306\)?OpenView&Count=5000](http://www.stb.dot.gov/Decisions/readingroom.nsf/(search-10.192.5.24-19306)?OpenView&Count=5000). In addition, your mover may, but is not required to, offer to sell you separate third-party liability insurance.

All moving companies are required to assume liability for the value of the household goods they transport. However, there are two different levels of liability that apply to interstate moves Full (Replacement) Value Protection and Waiver of Full (Replacement) Value Protection - Released Value.

Full (Replacement) Value Protection

This is the most comprehensive option available to protect your household goods, but it will increase the cost of your move. The initial cost estimate of charges that you receive from your mover must include this level of protection. Your shipment will be transported at this level of liability unless you waive Full Value Protection. Under your mover's Full Value Protection level of liability, subject to the allowable exceptions in your mover's tariff, if any article is lost, destroyed or damaged while in your mover's custody, your mover will, at its option, either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like, kind and quality, or pay you for the cost of such a replacement.

The exact cost for your shipment, including Full Value Protection, may vary by mover and may be further subject to various deductible levels that may reduce your cost. The minimum level for determining the Full Value Protection of your shipment is \$6.00 per pound times the weight of your shipment. Your mover may have a higher minimum value, or you may declare a higher value for your shipment (at an additional cost). The charges that apply for providing Full Value Protection must be shown in your mover's tariff. Ask your mover for the details under its specific program.

Under this option, movers are permitted to limit their liability for loss or damage to articles of extraordinary value, unless you specifically list these articles on the shipping documents. An article of extraordinary value is any item whose value exceeds \$100 per pound (for example, jewelry, silverware, china, furs, antiques, oriental rugs, and computer software). Ask your mover for a complete explanation of this limitation before your move. It is your responsibility to study this provision carefully and to make the necessary declaration.

ATTACHMENT C: Move Initiation Form

University of Wisconsin Health – MOVE INITIATION FORM

ARMSTRONG RELOCATION / UNITED VAN LINES / VIZIENT
NELSON WESTERBERG/ATLAS/VIZIENT

TRANSFeree ORIGIN INFORMATION

Name: _____

Other Contact (Name and Phone #) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Email: _____

TRANSFeree DESTINATION INFORMATION

Start Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Transferee Budget Amount: \$ _____

You are responsible for paying any amount exceeding the authorized transferee budget amount prior to move/delivery.

Moving company will submit invoice for moving expenses within to:

Human Resources (UWHealthRecruitment@uwhealth.org)

UW Health Direct Bill Account: # 1006400

Vizient: # 40357

Preferred Vendors:

Armstrong Relocation (SV2231)

Leslie Coleman

Lesliecoleman@goarmstrong.com

Atlas/Nelson Westerberg (SV2500)

Colleen Lowe

(872) 206-9834

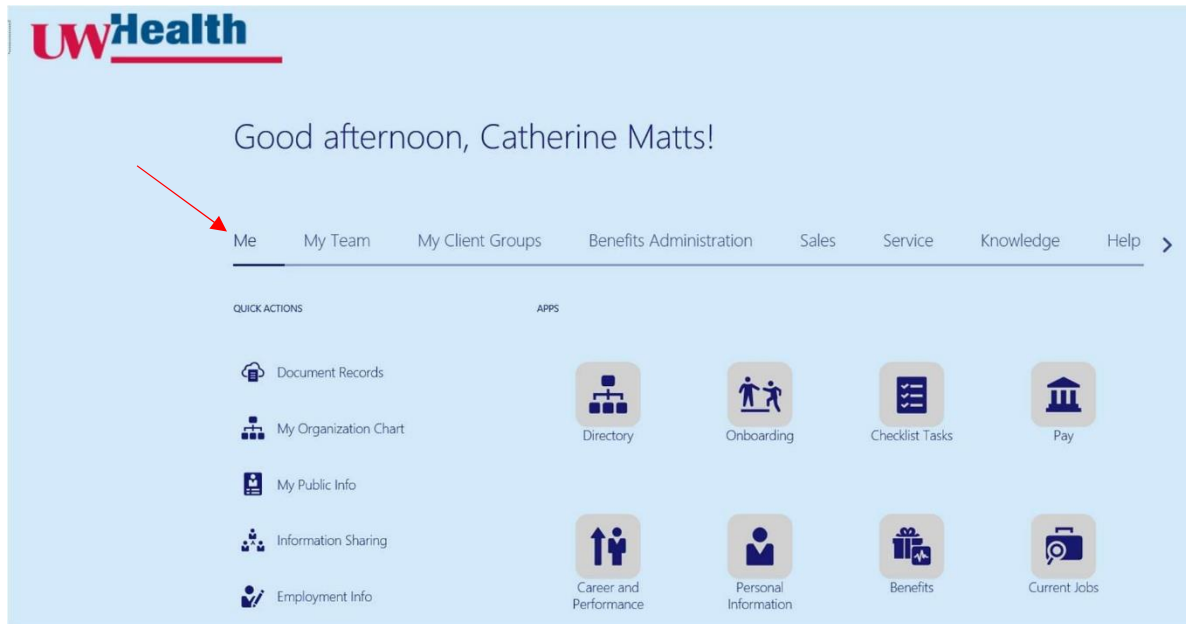
CLowe@nelsonwesterberg.com

ATTACHMENT D: RELOCATION EXPENSE SUBMISSION VIA ORACLE

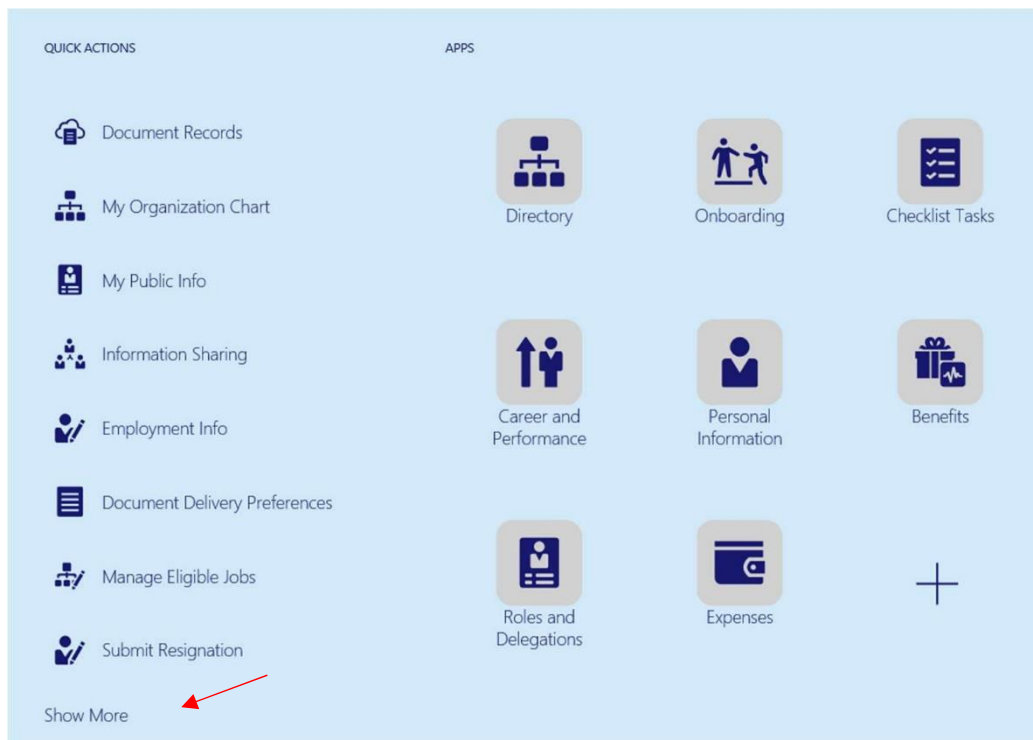
New hires should follow this process to submit receipts for reimbursement related to your relocation reimbursement offered to you as a new hire to UW Health.

You will not be able to submit expenses for reimbursement until after you start at UW Health

1. From Oracle home page, select the **Me** tab.



2. Select **Show More**



3. Select **Compensation > Manage Personal Contributions**



4. Select **Personal Contribution: Add +**



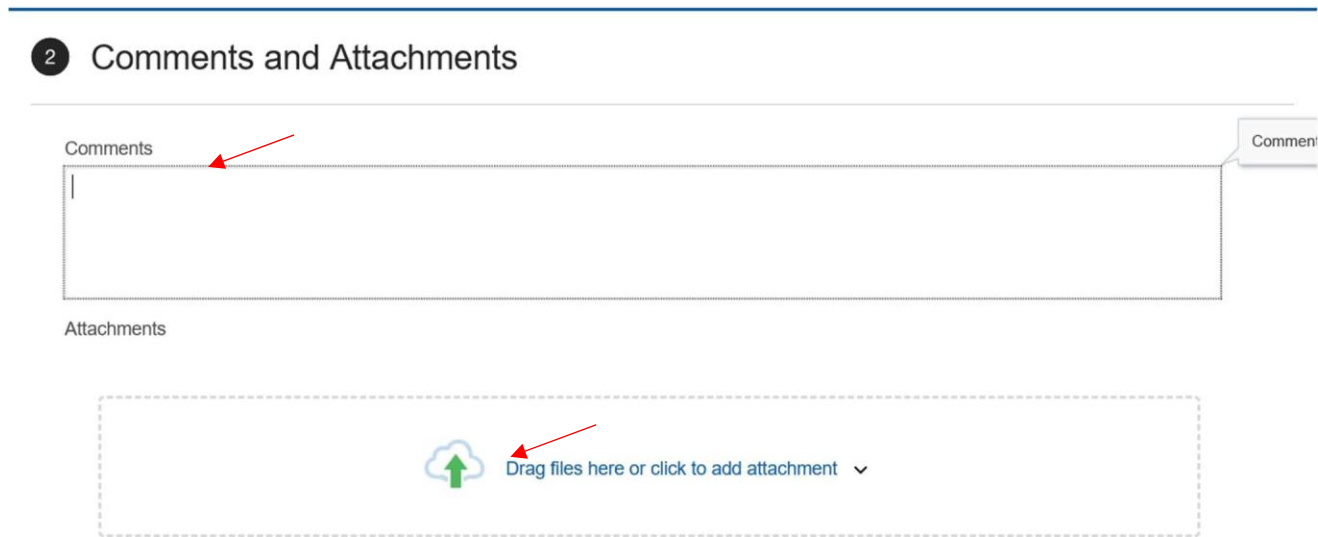
5. Select **Plan** – drop down and select **Relocation Reimbursement**

6. Select **Option** – drop down and select **Relocation**. New fields will populate after you select “relocation” – give this a few seconds.

7. Select **Amount** – enter dollar amount that you are requesting reimbursement for. **Do not enter more than what you were approved for or the claim will be rejected, and you will have to resubmit.**

8. Select **Continue**

9. Select **Comments and Attachments** – add one PDF for multiple, itemized receipts, for the total of your reimbursement request. You can also add comments, if wanted, but not required.



10. Select **Submit**

For mileage, please include a Map Quest/Google Maps printout with your starting destination and ending destination in Wisconsin.

Adding mileage for a personal vehicle:

- Print a MapQuest or Google Maps printout showing your starting point and destination point (shortest route) showing the total miles traveled.
- Multiply the miles travelled x .21/mile. Write that dollar amount on the printed map and submit picture or PDF along with your other receipts. (Miles traveled in 2024 are reimbursed at .21/mile per IRS guidelines)
- UW Health will reimburse for the shortest route as provided by this calculator, from point A to point B. The mileage reimbursement rate for relocation is set by the IRS guidelines.
- UW Health will reimburse for mileage on one personal vehicle, one way.

EXAMPLE:

Google Maps

Drive 1,979 miles, 29 hr. Portland OR to Madison, WI

Mileage reimbursement - relocation from Portland, OR to Madison, WI. 1979 miles x .21/mile = \$415.59

Portland

Oregon

Get on I-84 E/US-30 E from SW Harbor Dr and SW Naito

Pkwy/Pacific Hwy W

Notes: Please make sure to upload only itemized receipts.

Example:

Detailed Receipt - Acceptable:

No Detail – Not acceptable:

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OPERATED BY
HMS
HOST
EINSTEIN BROS BAGELS
MSP INTERNATIONAL AIRPORT
179219 Almaz

CHK 36 AUG08'18 11:31AM

1 SAND TASTY TURK 7.99
 BAGEL
 ASIAGO CHS
 TOAST
SUBTOTAL 7.99
TAX 0.60
AMOUNT PAID 8.59
AT06065Z XXX4319
MSTRCD CC 8.59
--179219 Closed AUG08 11:32AM--
WE WANT TO HEAR YOUR FEEDBACK!
PLEASE CONTACT 1-877-672-7467
OR CUSTOMERSERVICE@HMSHOST.COM
TO SHARE YOUR EXPERIENCE.
STOREID: MSPEBL1A

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CRU WINE BAR
DENVER INTERNATIONAL AIRPORT
Merchant ID :
TERMINAL ID : 16811
Check # : 929
Table # : 201
Server : 280410 Yuk
Acct Num : XXXXXXXXXXXX4831
Expiry Date : **/**
Card Type : VISA
Trans Type : Authorize
Trans Date : 3/16/2018
Trans Time : 8:19 PM
Entry Mode : swiped
Auth Code : 07021C
Subtotal : \$ 28.08
GRATUITY: 5-
TOTAL: 33.08
X-----
Signature
I Agree to pay total amount as
per the Card Issuer Agreement.
Merchant Copy

11. Once your receipts have been reviewed and approved, you will be credited via payroll. **This process can take up to 30 days.** As a reminder, all relocation reimbursement is reported as taxable income on your W2.