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**INSERT YOUR
LOGO HERE**

WELLNESS PROGRAM TEMPLATE

We value employee health and wellbeing. As part of our overall dedication to employees we are instituting a comprehensive wellness program. Details on the program are provided below. Please contact [title or department] for additional information. We also really appreciate employee suggestions for the overall wellness program.

REASONABLE ACCOMMODATIONS

An inclusive program with voluntary participation for employees is very important to us. If it is unreasonably difficult due to a medical condition or disability for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at [insert telephone number] or email us at [email address] and we will work with you to develop another way to qualify for the reward or otherwise participate.

OBJECTIVE

We encourage employees to achieve and maintain a healthy lifestyle through wellness, health activities, and fitness.

CHALLENGES

[Insert details of challenges or goals. Examples include company walking, step or stair-climbing challenge, participating in community wellness activities and/or races, etc.]

PLANNED ACTIVITIES

[Insert planned activities or recurring wellness events. Examples include participating in our insurance carrier's health assessment survey, completing preventive services such as blood panel screening, receiving annual flu shots, etc.]

GYM MEMBERSHIP [CHOOSE ONE OPTION]

Paid for by the Company Option

Employees will receive a [fully-paid/partially-funded/discounted] gym membership at [location] covering all eligible fees. This includes the enrollment (if applicable) and annual or monthly fees for an individual membership at the [Name] fitness center. **[Optional alternative one:** Employees desiring a family membership must provide documentation of the cost for an individual membership, and pay the difference between a family and individual membership. **Optional alternative two:** Family memberships are not covered or at an employee's own expense].

Employees Reimbursement Option

Employees will be reimbursed [100%/50%/etc.] for the costs of a gym membership at [location] covering all eligible fees. This includes the enrollment (if applicable) and annual or monthly fees for

an individual membership at the [Name] fitness center. **Optional alternative one:** Employees desiring a family membership must provide documentation of the cost for an individual membership, and will be reimbursed based upon that amount. **Optional alternative two:** Family memberships are not covered or at an employee's own expense]. Employee will be reimbursed via payroll on a [monthly, per pay-period etc.] basis, regardless of the type of membership (annual or monthly).

ELIGIBILITY

Gym membership reimbursement is available to [full-time/all] employees who have been employed by the Company for a minimum of [30/60/90 days/another criteria].

PROCEDURE

Employees must follow the expense report procedure to receive reimbursement for membership fees. *An expense report and copy of the receipt must be submitted each month.* Expense reports must be submitted to [Human Resources] and receipts must be submitted to [Finance]. No reimbursement will be made if a receipt is not provided. Reimbursement for previous months' due [will/will not] be made.

EXCLUSIONS

Recreational activities, personal trainers, gym equipment, weight-loss programs, smoking-cessation programs, and other similar programs, although encouraged as part of an overall fitness program, do not qualify for reimbursement and are not paid for under this policy.

TAX LIABILITY

The amount reimbursed to employees will be reported as taxable income to the Internal Revenue Service and is subject to FICA, Medicare, federal, state, and local taxes.

ADDITIONAL INFORMATION

Employees should consult with a physician before beginning a physical regimen.

DEFINITIONS

- *Employment year:* based upon the employee's anniversary
- *Fitness center:* offers a full complement of exercise equipment and programs for cardiovascular and body strengthening