 Inland Empire Utilities Agency <small>A MUNICIPAL WATER DISTRICT</small>	Document No: A-78 Policy: Wellness Program
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1. PURPOSE

The Wellness Program encourages, motivates and challenges employees and their families to take an active interest in their personal well-being by having access to wellness resources and a personalized wellness plan. This Wellness Program policy is to establish reimbursement guidelines of qualified fitness and/or wellness related expenses to promote employee health and disease prevention.

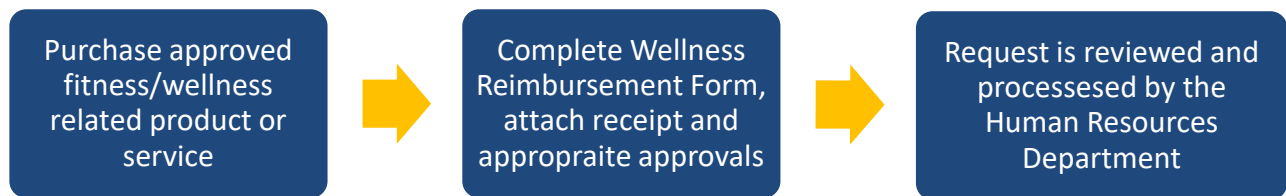
This policy is in line with the Agency’s Workplace Environment objective of promoting and ensuring a safe and healthy work environment.

2. DEFINITIONS

2.1 Authorized Employees – For the purposes of this policy, “authorized employees” shall include all full-time regular and limited term employees, and does not include intern, temporary, or part-time staff.


3. PROCEDURES

3.1 Process Flow



3.2 Employee Eligibility

- A. An employee is eligible for the reimbursement of qualified fitness and/or wellness related expenses provided:
 1. He/she is a Full-time Agency Employee (FTE) who has completed his/her original probationary period; or,
 2. He/she is an At-Will Employee who has completed one (1) year of employment.

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3. He/she is a Full-time Limited Term Employee (LTE) who has completed one (1) year of employment.
 4. Part-time and Intern employees are not eligible.
- B. An employee's dependent is eligible for reimbursement of qualified fitness and/or wellness related expenses provided:
1. The employee meets the above eligibility requirements; and,
 2. He/she is the spouse/registered domestic partner of the employee; or,
 3. Dependent(s) are under the age of 26.

3.3 Reimbursement

- A. Reimbursement amounts are based upon the employees bargaining unit's current Memorandum of Understanding (MOU)/Personnel Manual.
 1. The maximum total annual reimbursement amount per employee per fiscal year is \$500.00.
- B. Current MOU's can be found on: Agency's website (www.ieua.org)
- C. Any costs exceeding the maximum total annual reimbursement will be the sole responsibility of the employee.
- D. All purchases for which reimbursement is provided become the sole personal property of the employee.
- E. Reimbursements are deemed taxable by the IRS and must be included in the employee's paycheck, and subject to FLSA requirements.

3.4 Qualified Expenses

- A. Membership to a fitness facility that charges a fee for the use of the facility and equipment and/or a formal class, or instruction designed to improve fitness.
 1. Examples include gym, aerobics, body toning, fitness boot camp, karate, spinning, yoga, etc.


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2. Membership, registration, or annual fees for participation in sporting competitions, competitive sports, recreational sports/fitness or home workout activities (e.g., baseball, marathons, soccer, tennis, etc.); and,
3. Registration in a weight management program such as Weight Watchers, Jenny Craig,
4. Enrollment into smoking cessation, stress management, diabetes management classes.
5. Preventative health screenings not covered by medical insurance plans such as Longevity Screenings.
6. Personal trainer fees from a certified personal trainer or qualified fitness facility.
7. Therapeutic massage session (e.g. deep tissue, Swedish, sports, etc.) from a state certified massage therapist or institution (Memberships to massage service providers, such as Massage Envy, may be covered provided the employee is able to submit verification that the services received were for approved wellness related services).

B. New or used exercise equipment

1. Examples include bicycles, elliptical, stationary bike, treadmill, weights (sets or handheld), resistance bands, resistance training balls, electronic fitness trackers (whose primary function is to track physical activities, but not including smart watches) etc. Please verify item with human resources before purchase to ensure its eligibility under the program.
2. Equipment and accessories related to recreational sports/fitness or home workout activities (e.g., sports specific footwear (e.g. football cleats, soccer cleats, or bicycle shoes), kayaks, paddleboards, tennis rackets, bats, balls, DVDs, protective gear, yoga mat, etc.). Please verify item with human resources before purchase to ensure its eligibility under the program.
3. Purchases made through a private party are not reimbursable.

C. All purchases must be made through a verifiable retailer/facility.


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D. Expenses not eligible for reimbursement include but are not limited to:

1. Purchases made through a private party are not reimbursable.
2. Apparel, footwear (except those items covered under Section 3.4.B.2) etc.
3. Membership, registration, or annual fees for participation in extreme sporting competitions, and extreme sports.
4. Food, vitamins, proteins, and supplements.
5. Membership or usage fees to any type of salon/spa with the exception of items covered under Section 3.4.A.7.

3.5 Process of Reimbursement

- A. Once a qualified purchase is made, the employee will complete the Request for Wellness Program Reimbursement Form. Human Resources may request additional information regarding an item and its intended use to determine eligibility for reimbursement.
- B. The itemized receipt/proof of purchase, or confirmed delivery of purchase if items are purchased online, must be attached to the Request for Wellness Program Reimbursement form, and submitted to Human Resources for approval and processing.
- C. Monthly membership reimbursements will be reimbursed semi-annually, in December and June of the fiscal year in which the transaction occurs not to exceed the annual maximum amount set forth within the MOUs.
 1. The Request for Wellness Program Reimbursement form must be submitted to Human Resources by the end of the first week of December and/or June for approval to allow time for approval and processing.
 2. The employee must show proof of payment for each month in which reimbursement is requested.
- D. Multi-year gym membership reimbursements may be requested for the corresponding fiscal year the membership is active up to the cost of the

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membership(s) not to exceed the annual maximum amount set forth within the MOUs.

1. The Request for Wellness Program Reimbursement form must be submitted to Human Resources by the end of the second week of June to allow time for approval and processing.
2. For example, if an employee purchases a 2-year membership for \$550.00 the employee may be reimbursed \$500.00 for the first fiscal year and \$50.00 for the second fiscal year. The remaining \$450.00 in the second fiscal year can be used toward additional qualified fitness and/or wellness related expenses.

E. Purchases for qualified exercise equipment are eligible for a one-time reimbursement per piece of equipment not to exceed the annual maximum amount set forth within the MOUs/Personnel Manual.

1. The Request for Wellness Program Reimbursement form must be submitted to Human Resources by the the end of the second week of June to allow time for approval and processing.

3.6 The Agency is not responsible or liable for any risks, injuries or losses suffered by the employee and/or dependent(s) in relation to the wellness program.

3.7 Falsification of information will result in immediate termination of an employee's participation in the program without reimbursement for any expenses he/she may have already incurred.


3.8 An employee who violates this policy may be subject to disciplinary action.

3.9 For the purposes of this policy, the fiscal year that payment shall be credited to will be determined by the date that reimbursement is received by Human Resources.

4. RESPONSIBILITIES

4.1 Employee – Completing the [Request for Wellness Program Reimbursement](#) form and providing itemized receipt/proof of purchase.

4.2 Human Resources Department – Administration of the Wellness Program, approval, and processing of the employee reimbursements, overall administration, and periodic review of this policy.

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4.3 Manager of Human Resources – Overall administration, periodic review of this policy, and final approval of employee reimbursements.

5. REFERENCES

5.1 [Request for Wellness Program Reimbursement Form](#) (available on [AIM](#))

6. APPROVAL

APPROVED:



Christina Valencia
 Executive Manager of Finance and Administration/AGM