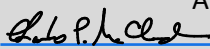


<b>CITY OF CATHEDRAL CITY</b>		<b>HR-AP 14</b>	
<b>ADMINISTRATIVE POLICY</b>			
Approved by:  <small>Charles McClendon (Jun 10, 2022 08:54 PDT)</small>	Distributed by Human Resources	Original Date 06/08/2022	Revised
Charles McClendon, City Manager			

**SUBJECT**

**WELLNESS PROGRAM**

**1. PURPOSE**

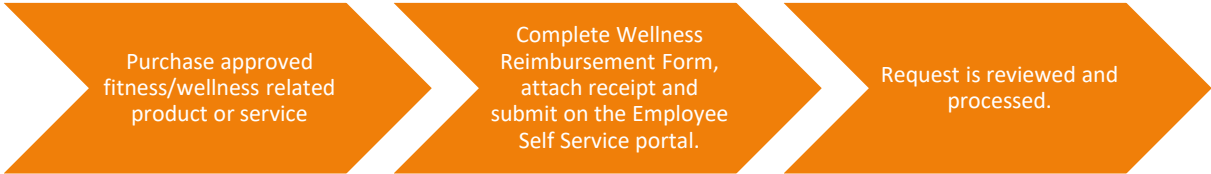
The Wellness Program encourages, motivates and challenges employees to take an active interest in their personal well-being by having access to wellness resources and a personalized wellness plan. This Wellness Program policy is to establish reimbursement guidelines of qualified fitness and/or wellness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

**2. DEFINITIONS**

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

**3. PROCEDURES**

**3.1 Process Flow**



**3.2 EMPLOYEE ELIGIBILITY**

An employee is eligible for the reimbursement of qualified fitness and/or wellness related expenses provided:

1. They are a Regular Full-time Employee (FTE) who has completed their probationary period; or
2. Six (6) months for at-will employees.

**3.3 REIMBURSEMENT**

- A. Reimbursement maximum total annual amount per employee calendar year is \$600.00.
- B. Any costs exceeding the maximum total annual reimbursement will be the sole responsibility of the employee.
- C. All purchases for which reimbursement is provided become the sole personal property of the employee.
- D. Reimbursements are deemed taxable by the IRS and must be included in the employee’s paycheck.

### 3.4 QUALIFIED EXPENSES

1. 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.
  - i. Examples include gym, aerobics, body toning, fitness boot camp, karate, spinning, yoga, etc.
  - ii. Personal trainer fees from a certified personal trainer or qualified fitness facility.
2. Registration in a weight management program such as Weight Watchers, Jenny Craig, or personalized nutrition plan.
3. Health and Wellness training course.
  - i. Approved courses will be released by Human Resources.
4. Preventive health screenings not covered by medical insurance plans.
5. Prescriptions, co-pays, out of pocket medical expenses not covered by your health carrier (prescriptions, general office visits, dental, vision).
6. Exercise equipment.
  - i. Examples include elliptical, stationary bike, treadmill, weights (sets or handheld), resistance bands, resistance training balls.
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 the employee).

### 3.5 EXPENSES NOT ELIGIBLE FOR REIMBURSEMENT INCLUDE BUT ARE NOT LIMITED TO:

1. Purchases made through a private party or fellow co-workers are not reimbursable.
2. Apparel, accessories related to recreational sports/fitness or home workout activities (footwear, kayaks, paddleboards, tennis rackets, bats, balls, yoga mat) are not eligible under the program.
3. Membership, registration, or annual fees for participation in extreme sporting competitions, and extreme sports.
4. Food, vitamins, proteins, and supplements.

### 3.6 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 Reimbursement form, and submitted on the Employee Self Service Portal.
- C. Closing the calendar year. The Request for Wellness Reimbursement form must be submitted by the second week in December to allow time for approval and processing.

3.7 The Agency is not responsible or liable for any risks, injuries or losses suffered by the employee.

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

- 3.9 An employee who violates this policy may be subject to disciplinary action.
- 3.10 For the purpose of this policy, the calendar year that payment shall be credited to will be determined by the date that reimbursement request is submitted/approved on the Employee Self Service portal.

**4. RESPONSIBILITIES**

- 4.1 Employee- Completing the Request for Wellness Program Reimbursement form and providing itemized receipt/proof of purchase.
- 4.2 Human Resources – Administration of the Wellness Program, approval, and processing of the employee reimbursements, overall administration, and periodic review of this policy.
- 4.3 Manager of Human Resources – Overall administration, periodic review of this policy, and final approval of employee reimbursements.






# HR- AP 14 Wellness Program\_Final

Final Audit Report

2022-06-10

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