


CITY OF CATHEDRAL CITY ADMINISTRATIVE POLICY		HR-AP 14	
Approved by:  <small>Charles McClendon (Mar 30, 2023 08:26 PDT)</small> Charles McClendon, City Manager	Distributed by	Original Date	Revised
	Human Resources	06/08/2022	03/29/2023

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-REPRESENTED:** Permanent Full-Time and Part Time Employees (does not include limited term, intern, temporary).
- **AFSCME:** Permanent Full-Time employees

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 per payroll 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 Wellness 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 payroll year. The Request for Reimbursement must be submitted by the end of the payroll year as identified on the Wellness Reimbursement form.

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 payroll year that payment shall be credited to will be determined by the receipt date.

4. RESPONSIBILITIES

- 4.1 **Employee**- Complete the Wellness Reimbursement form (Exhibit A), provide itemized receipt/proof of purchase, and submit claim on the Employee Self Service Portal.
- 4.2 **Human Resources** – Administration of the Wellness Program, approval, and processing of the employee reimbursements, 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.



2023

WELLNESS REIMBURSEMENT

NAME	JOB TITLE	DATE OF HIRE
Group <input type="checkbox"/> NON-REP <input type="checkbox"/> AFSCME	The Wellness Program Policy (HR-AP14) is available on the HR website.	

Employee- Complete the Wellness Reimbursement form, provide itemized receipt/proof of purchase, and submit claim on the ESS ([Employee Self Service](#)).

Only products, services, and programs for use by the employee are eligible for reimbursement.

I am requesting reimbursement for the following wellness expense(s):		\$600 CAP per Payroll Year
1	Membership to a fitness facility or class or Personal Trainer	\$
2	Registration in Weight Management Program	\$
3	Health and Wellness Training Course -Classes must be approved by Human Resources-	\$
4	Prevention Health Screening	\$
5	Out of Pocket medical expenses not covered by your health carrier- (Prescriptions, General Office Visits, Dental, Vision) Please do not submit personal medical information	\$
6	Exercise Equipment	\$
7	Therapeutic Massage Session; from a State Certified Massage Therapist or Institution	\$
AMOUNT REQUESTED		\$
PROOF OF SERVICE OR PURCHASE MUST IDENTIFY THE EMPLOYEE AS THE RECIPIENT FOR ALL EXPENSES		

**For the 2023 payroll year, receipts must be dated between
December 12, 2022, - December 9, 2023.**

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.