

# City of Crossville Employee Wellness Program 2017

WELLNESS: the quality or state of being healthy in body and mind, especially as the result of deliberate effort.

There is never a bad time to make a positive change. It is up to *you* to focus on setting healthy and realistic goals for your health and well-being. The City of Crossville is taking steps in promoting a worksite culture that supports employees' desire to make healthy lifestyle choices.

The objective of this program is to help employees become involved in their own health and to help them develop healthy lifestyle habits. The overall success of the City of Crossville is dependent upon its employees.

This program is for your benefit. Input and feedback are greatly valued and appreciated.

**All employees are eligible to participate in this wellness program. To participate, you must sign the attached waiver and submit to the Human Resources Department. All participating employees are responsible for maintaining their records and activity logs and submitting to the Human Resources Department.**

**The 2017 City of Crossville Wellness Program will be an in-house reimbursement program. Employees will have an opportunity to earn monetary rewards based on their participation in activities and preventative maintenance. Records are to be submitted each quarter for monetary reimbursement. (March, June, September, December)**

**For weight loss incentives, each employee participating in the weight loss program will weigh in each quarter for reimbursement.**

**Monetary Reimbursement Schedule:**

|   |   |   |
|---|---|---|
| Flu Shot  | \$10.00                                     | Documentation required for employee flu shot  |
| Annual BCBS covered wellness exam                                       | \$15.00                                     | Documentation of exam required  |
| Annual well female or male exam   | \$15.00                                     | Documentation of exam required  |
| Annual dental cleaning/exam (2x per year)                               | \$10.00 each exam                           | Documentation of exam required  |
| Annual eye exam   | \$10.00                                     | Documentation of exam required  |
| Weight Loss   | \$5.00 per pound lost/maximum of \$125.00   | Employee will weigh in each quarter with Human Resources. Initial weigh in will be January. Report to Human Resources to weigh in and have current weight documented. To receive monetary reimbursement employee must come by Human Resources in March, June, September and December. An activity log must be maintained and submitted each quarter to qualify for reimbursement. |
| Gym Memberships, fitness classes, 5k entry fees                         | 50% reimbursement with paid fees/membership | Proof of payment along with membership description must be submitted each quarter for reimbursements. An activity log must be maintained and submitted each quarter to qualify for reimbursement.   |
| Biometric Screening   | \$15.00                                     | Screening will be scheduled and posted for all departments.   |
| Lunch and learns, healthy eating/cooking discussions, health counseling | TBD   | These events are to be scheduled throughout the year. Rewards to be determined upon scheduling of event.  |

# **City of Crossville Employee Wellness Program 2017**

As a part of a Health and Wellness Program, the City of Crossville is encouraging employees to lead active, healthy lifestyles and is providing incentives for employees who voluntarily engage in regular physical exercise and who become better informed about health and wellness issues through preventative care and attendance at educational programs. City employees will have the opportunity to receive monetary awards for participation in this program.

- Participation is open to all City of Crossville employees.
- Participation is voluntary.
- Activity logs must be maintained and submitted quarterly.
- Exercise must be completed during non-working hours.
- All exercise is on the honor system.

### **AGREEMENT AND WAIVER**

Be sure you are healthy enough to exercise. Check with your doctor for a medical evaluation before beginning any physical activity or exercise program, especially if you have been inactive or sedentary for a long time, are overweight, have a high risk of coronary heart disease or have some other chronic health problem.

I \_\_\_\_\_ have read the information above and I voluntarily agree to participate in the City of Crossville employee wellness program. I understand and agree that the program is designed to encourage a healthy lifestyle and reward me for regular exercise and physical fitness. I understand the type of exercise activity I undertake is solely my choice and that I should consult a physician for a medical evaluation before I begin any exercise program. I agree to keep an accurate and honest log of my activities and to turn in that log, along with all other required documentation, quarterly in order to qualify for the monetary reward.

I understand that I am voluntarily participating in this program and that I am solely responsible for the exercise and activity level in which I engage. I personally assume any and all risk of injury, illness (including heart attack, cardiac arrest or stroke) or death that may occur during or as a result of my participation in this program. I also understand that any injury or illness is not covered by workers compensation because I am not at work or engaging in any activities necessitated by my employment with the City of Crossville. Accordingly, I agree to take full responsibility for my personal activity and should I receive any injury or illness during physical exercise or associated with or as a result of physical exercise, I will hold the City of Crossville harmless. I understand physical exercise associated with this wellness program is to be completed during non-working hours, on my personal time, and that any injury I may sustain as a result of physical exercise will not be filed as a worker's compensation claim.

\_\_\_\_\_  
Employee Name (PRINT NAME)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number and/or email address