

GP-1250  
PER- 1.00

January 29, 2004

**GP Policy Memorandum PER-04**

MEMORANDUM

To: All Great Plains Region Employees

From: Maryanne C. Bach /s/ Maryanne C. Bach  
Regional Director

Subject: Great Plains Region Wellness Program

**Policy:** It is the policy of the Great Plains Region to support a Regional Wellness Program for the benefit of both the employee and the Region.

A physically and mentally fit employee feels more alert, has less stress, is sick less often, and is less likely to become injured on or off the job. The wellness program provides supervisors and managers guidance to maximize their management options while promoting physical and mental fitness for employees.

The Regional Wellness Program allows for the accomplishment of the work of the Region while providing options for employees to participate in fitness activities. Supervisors and managers may approve employee participation in the program as budget constraints and work requirements allow.

The Program consists of five components: physical fitness, health assessments, health maintenance programs, smoking cessation, and education. Each component is discussed below.

1. **PHYSICAL FITNESS.** There are several approaches to fitness. Employees should be encouraged to participate in the activity which appeals to them. However, this program is entirely voluntary. Employees may choose to join a fitness facility which requires membership fees, may attend exercise classes, or may exercise on their own. When practical, the use of Alternative Work Schedules should be allowed to facilitate fitness activities.
  - a. Within the Region, there are several fitness facilities which are available for use. Interested employees should deal directly with these facilities to obtain membership. Because both the Region and the individual directly benefit from improved health and fitness resulting from exercise, the Region may pay up to 50 percent of the "basic" membership fee for participating employees. Employees are responsible for family

memberships (unless the family member is a Regional employee and a family membership is less expensive than two individual memberships), any "add-on" or expanded service fees, and for the initiation fee.

- b. If employees participate in a "class-type" activity, other than as an "add-on" at a fitness facility, they may be reimbursed for the cost of the class under the cost-sharing provisions. Participation in recreational or team sports such as golf, softball, basketball, bowling, swim teams, etc., are not eligible for reimbursement.

2. **HEALTH ASSESSMENTS.** Health assessments are designed to reflect how an individual's lifestyle affects their chances of avoiding the most common causes of death for a person of that age, race, and sex. Knowledge about alcohol use, tobacco use, physical exercise, seat belt usage, nightly hours of sleep, and blood pressure can lead to modifications which often improve health and reduce risks of death.

In order to assess the wellness of its employees, the Region may arrange for health risk assessments. Depending on budget constraints, the Region may offer these assessments at no charge or will allow employees to participate in these assessments at their own cost during duty hours. The Regional Human Resources Office will provide coordination of these assessments for the Regional Office. They will also provide assistance to field locations as requested.

3. **HEALTH MAINTENANCE PROGRAMS.** Health maintenance programs are designed to modify lifestyles to improve employees' health and may include weight loss, nutrition, alcohol or drug abuse support groups, stress management, smoking cessation, etc.

Participants in health maintenance programs work to achieve long-term lifestyle modifications. These programs range from structured formal programs to self-help organizations. The Region should support employees who wish to attend health maintenance programs. The use of Alternative Work Schedules is encouraged to provide the flexibility employees may need to attend these programs. Participants may also be allowed excused absences of a short period in accordance with the above guidelines to attend these sessions.

Because the Region and the employee directly benefit from improved health and fitness resulting from health maintenance programs, the Region may pay up to 50 percent for certain programs (see maximum limitations below). Those programs which are eligible for cost sharing are limited to preventive health maintenance programs, such as weight loss, smoking cessation, nutrition, etc. Programs which are considered "treatment" and "rehabilitation" and may require medical care and treatment, such as alcohol and drug abuse programs, are not eligible for the cost sharing option. The Employee Assistance Program is available for short-term counseling and/or referral to these rehabilitation programs. This type of program is usually covered to some extent under the health benefits program.

4. **SMOKING CESSATION:** Purchase of nicotine replacement therapy for employees to use as

part of a smoking cessation program is allowed. The Wellness Program provides for reimbursement of 50 percent of the costs incurred by an employee participating in a smoking cessation program (see maximum limitations below). Reclamation may purchase over-the-counter nicotine replacement therapy at the request of employees. Employees must make their request in writing to their supervisor who will forward the request to the Administrative Officer in the Area Offices and to the Lead Human Resources Specialist (Employee Benefits) for the Regional Office. Although it is encouraged, employees do not have to be participating in a smoking cessation program to be able to obtain the therapy. This applies only to over-the-counter nicotine replacement therapy. If an employee has a prescription for some replacement therapy, they should check with their health insurance to see if they can get reimbursed through them.

5. EDUCATION: It is essential to increase the awareness of the benefits of health and wellness activities through education. Education may lead to increased physical activity and fitness. Topics which could be included might be nutrition, back care, stress management, alcohol and drug abuse, AIDS, and occupational diseases. These activities may consist of guest speakers, literature, video tapes, etc., in-house. In addition, employees may elect to take "classroom" instruction related to wellness. These activities may be reimbursed up to 50 percent of the cost of the program (see maximum limitation below), if deemed appropriate by the supervisor. Programs considered "treatment" and/or "rehabilitation" and which may require medical care and treatment are not eligible for the cost sharing option. The use of Alternative Work Schedules is encouraged to provide the flexibility employees may need to attend classes outside the workplace and brief periods of excused absence may also be allowed.

Because this is a voluntary program, the Region will not be held liable for injuries sustained by the employee. An employee who participates in the wellness program does so of his/her free will.

All permanent Regional employees eligible for Federal Employees Health Benefits who maintain regularly scheduled tours of duty and all full and part time temporary employees whose appointments are for longer than 1 year, are eligible to participate in the wellness reimbursement program. Additionally, temporary employees with an appointment for 1 year or less who have completed 1 year of current, continuous employment, excluding any break in service of 5 days or less are eligible.

The use of Alternative Work Schedules is available to accommodate employees' participation in physical fitness and/or health maintenance programs. In certain limited circumstances, it may be appropriate to grant short periods of excused absences for participation in officially authorized health and fitness programs. In order to determine if it is appropriate to grant an excused absence, the following guidelines should be considered:

1. The activity should be officially sponsored and administered, such as a Federal Fitness Day event or an agency sponsored health screening.
2. The amount of excused absence in each instance should be a short period, and the activity for which excused absence is granted should be of a specific, fixed duration, such as a smoking cessation program that might consist of several brief class sessions.
3. An excused absence should not be granted for participating in an activity over an extended or indefinite period.

This excused absence should be charged to Administrative Leave on the time and attendance report.

**Reimbursement:** Prior to requesting reimbursement for participation in the program, an employee should complete the “Cost Sharing Agreement” form (attached) and have their supervisor sign it approving their participation. The supervisor should maintain these forms. Reimbursements will be directly deposited into the employee’s bank account as part of the next paycheck. **The maximum total amount reimbursable per employee per calendar year for participation in any or all of these programs will be \$500 (the Regional Office and Area Offices may choose to set lower total reimbursement limits for their employees).** All fees reimbursed as wellness fees are considered to be taxable income. Additionally, for Civil Service Retirement System employees, Medicare will be deducted. For employees covered by the Federal Employees Retirement System, Medicare and Old Age Survivor Disability Insurance will be deducted. To be reimbursed an employee must complete a “Report of Taxable Fringe Benefit” memorandum (attached). The memorandum, with receipts attached, must be submitted to the supervisor for approval and signature. After signature, a copy of the memorandum with the original receipt(s) should be maintained by the supervisor. In the Regional Office, the original memorandum with copies of the receipt(s) should be sent to the Regional Human Resources Office, GP-1250. The Area Offices may forward the memorandum directly to National Business Center, D-2663, for reimbursement.

**Effective Date:** Upon Issuance.

**Expiration Date:** This policy memorandum remains in effect until canceled or superseded.

**Authorities:** Authorities for a wellness program include 5 U.S.C. Section 7901, Health Service Programs; and Departmental Manual 792, Health Services and Employee Assistance Program.

**Contacts:** Questions regarding this policy memorandum may be addressed to the Regional Human Resources Office by calling 406-247-7698.

**Date of Last Review:** \_\_\_\_\_

(Month) (Year)

(Initial)

**Attachments:**

Cost Sharing Agreement Form

Report of Taxable Fringe Benefit Form

**Filing Instructions:**

Remove:

Regional Policy Directive No. PER-19

Dated: July 30, 1999, Pages 1 thru 8

Insert:

GP Policy Memorandum PER- 04

**Policy Available at: <http://intra.gp.usbr.gov/admin/policy.htm>**

**GREAT PLAINS REGION WELLNESS PROGRAM  
COST SHARING AGREEMENT FORM**

I wish to participate in the Great Plains Region Wellness Program by taking advantage of the cost share portion of the program. I understand that cost sharing is subject to the availability of funds and that I may only be reimbursed up to 50 percent of the basic membership fee for a fitness activity or 50 percent of the cost of the health maintenance program, with a **maximum total limit of \_\_\_\_\_ per employee per calendar year**. I agree that participation in the fitness facility or health maintenance program will be substantial and to all the conditions and employee responsibilities of the program.

I plan to participate in: \_\_\_\_\_.

The cost of basic membership/program for a single person is: \$ \_\_\_\_\_ per year.

Fitness Screening (For Fitness Activities Only):

\_\_\_\_\_ I have provided a Physician Consent Form, from a physician or fitness trainer, which certifies that I am able to participate in fitness activities without risk to myself.

\_\_\_\_\_ In lieu of a Physician Consent Form, I certify that I am currently participating in fitness activities. I understand that I am participating in this program at my own risk.

I waive my grievance rights in the event my supervisor terminates my eligibility to participate in cost sharing because of my failure to adhere to the terms of this agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I concur:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

The amount we will reimburse is: \$ \_\_\_\_\_ per year.

Your Mail Code:

GP-1250  
PER-1.00

MEMORANDUM

To: Payroll Operations Division  
Attention: D-2663

From: \_\_\_\_\_  
(Supervisor)

Subject: Report of Taxable Fringe Benefit (Fitness/Wellness Subsidy)

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: IN Bureau: 07 Sub bureau: 06

Taxable Income to be Reported in Tax Year: \_\_\_\_\_  
(Current Year)

H. C. EFB Amount Paid to Employee

Cost Account

\$ \_\_\_\_\_

\_\_\_\_\_  
18-Digit # Provided by your Supervisor

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized By - HR)

\_\_\_\_\_  
(Date)

NOTE: Information on this memorandum is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code [26 U.S.C. 6011 (b) and 6109] and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on reimbursements that are considered taxable income.