



BOARD OF SUPERVISORS

County of Linn, Iowa

Fitness Reimbursement Policy			Directive Number:
Approval Date: 07/03/2019	Effective Date: 07/03/2019	Revision No: 7	Policy Section & Number: PM-010
Reference: BOS Minutes: 07/03/2019 BOS Minutes: 07/01/2009; 06/25/2007; BOS Minutes: 08/13/2003; 09/25/2002; BOS Minutes: 07/28/1997; 06/10/1996 Initially Adopted: 12/14/1994		Distribution: Elected Officials, Department Heads, County Policy Stat, Internet	

Purpose

The Fitness Reimbursement program is offered by Linn County to encourage employees to become physically fit, with the anticipation of lower health care claims and less frequent utilization of sick leave benefits. The County will reimburse a maximum of twenty dollars (\$20) per month for a single fitness facility membership for the employee, or if the employee has a family membership, the County will reimburse a single membership rate up to and not to exceed twenty dollars (\$20) per month.

Scope

This policy is applicable to all full-time and part-time employees, regularly scheduled twenty (20) hours a week or more. This includes Linn County employees responsible to the Board of Supervisors, employees responsible to an elected official, including the elected official and their deputies and the Conservation Department. Also included are employees of Emergency Management and the County Assessor's Office. Reimbursement for part-time employees will be prorated based on the number of hours regularly scheduled per week.

Exceptions

The Fitness Reimbursement is not available to part-time employees that are scheduled to work less than twenty (20) hours per week or temporary employees.

Specific Policy Provisions

- A. To be eligible for a monthly fitness reimbursement, the employee must visit an eligible fitness facility a minimum of eight (8) times per month.
- B. Local health/fitness facilities are eligible for reimbursement if they offer both aerobic and anaerobic activities. You can submit information to the Human Resources Department for facility approval if you have a question.

Linn County Fitness Centers located at worksites are NOT eligible for reimbursement.

- C. To receive a fitness reimbursement, a Fitness Reimbursement Claim Form must be completed. The Fitness Reimbursement Claim form is available on the county

website or at the Human Resources Department. A claim form can be filed quarterly, semi-annually or annually for reimbursement of fees.

The completed claim form along with a receipt from the health/fitness facility or bank statement (showing your automatic deduction from your account) is submitted to the Human Resources Department.

1. Each claim form will have a choice of statements which will need to be read and verified with the employee's signature. The employee will need to select the proper statement for his/her claim. The choice of statements are as follows:

- a. **Claim for Semi Annual or Annual Payment**

The fee incurred and paid will state "I, (employee's name), will/have (circle one) attend/ed (insert facility's name) an average of eight (8) times per month for the following months (list months)."

Employees are eligible for up to six (6) months advance payment if paying an annual fee. This will be used for both the first and second installment of an annual fee. You will be using the same receipt for both reimbursement requests.

- b. **Claim for Monthly Payment** (Reimbursement is paid quarterly, every three (3) months or greater.)

The fee incurred after the service has been provided and payment made, will state "I (employee's name), have attended (insert facility's name) an average of eight (8) times per month for the following months (list months).

Proof or payment is required for each month.

- D. Employees who terminate employment with Linn County have until the end of the calendar month of their termination to submit their request for Fitness Reimbursement. This request may be for less than the three (3) month minimum request.
- E. Employees who terminate their membership at a health/fitness facility prior to completion of a quarter may submit a request for less than the three (3) month minimum request with approval from Human Resources.
- F. Employees may request reimbursement at any time during the year. Reimbursement is processed through the Auditor's Office/Accounts Payable and will be deposited to your account on file. If you do not have an account on file with the Auditor's Office/Accounts Payable, you will be issued a paper check.
- G. All claims for reimbursement, with accompanying documentation, must be submitted to the Human Resources Department **prior to the last work day of February following the end of the calendar year of reimbursement.** For example, receipts for calendar year 2019 must be turned into the Human Resources Department prior to the last working day in February 29, 2020.

FITNESS REIMBURSEMENT CLAIM FORM

Employee: _____ Department: _____
(Print Name)

Home Address: _____

Work Status: Full or Part Time (circle one) Hours per week: _____

Amount Requested: _____
(Maximum: \$20/month for full time employees)

Complete the appropriate section based upon your payment/s to the fitness facility.

CLAIM FOR SEMI-ANNUAL OR ANNUAL PAYMENT

Claim for payment of annual membership dues. Reimbursement is paid up to a maximum of six months in advance.

You must attach a receipt from your facility or a copy of your bank statement showing the deduction of your dues.

I, _____ (insert employee name) will/have (circle one) attend/ed (insert facility name) _____ an average of eight times per month for the following months (list months)

CLAIM FOR MONTHLY PAYMENT

Claim for payment of monthly membership dues. Reimbursement is paid **quarterly** (every three months) or greater.

You must attach a receipt from your facility or a copy of your bank statement showing the deduction **for each month** of your dues.

I, _____ (insert employee name) have attended (insert facility name) _____ an average of eight times per month for the following months (list months)

All claims for the current calendar year are due to the Human Resources Department no later than the last working day in February of the following calendar year. (Ex: January – December 2019 reimbursement deadline is February 29, 2020.)

REMINDER: Attach proof of payment (Receipt or Bank Statement/s).

Employee Signature

Date