

# ETBU Wellness Program

## Guidelines

1. Wellness participants must be full-time employees.
2. Employees must attend a Health Fair before participating in the wellness program.
3. Employees must complete a minimum of 24 workouts per quarter. The quarters are January 1 to March 31, April 1 to June 30, July 1 to September 30 and October 1 to December 31.
4. A workout consists of a minimum of 30 minutes of either cardiovascular exercise, use of strength training machines, a combination of these, or if at another facility, aerobic class, water aerobics, and swimming laps.
5. Workouts to be considered in the minimum requirements must be completed in the ETBU Healthplex, the Marshall Life Center or the GSMC Institute of Healthy Living.
6. Workouts to be considered in the minimum requirements must be recorded on a sign-in sheet at the Healthplex or on the Technogym Key at the Marshall Life Center or the GSMC Institute of Healthy Living.
7. Participants must sign this form to elect to participate before the beginning of the quarter and submit this form to the Administration & Finance Office. In addition, those who are going to use the Marshall Life Center or the GSMC Institute of Healthy Living, must actually go to the facility, present an ETBU ID card for employment verification, and then complete all necessary paperwork there.
8. Dependents are allowed to participate in the wellness program.

## Costs

At the Healthplex, there is no cost for employees or dependents.

The Marshall Life Center and the GSMC Institute of Healthy Living will waive the enrollment fee and give ETBU employees the corporate rate. The table below summarizes the monthly costs.

<b>Participants</b>	<b>Total Cost</b>	<b>ETBU Payment</b>	<b>Employee Cost</b>
Employee Only	\$35.00	\$17.50	\$17.50
Employee & Spouse	\$50.00	\$17.50	\$32.50
Employee & Family	\$70.00	\$17.50	\$52.50

## Financial Benefits

Employees who meet all of the above requirements will receive a \$50.00/month reduction in health premiums for the 3 months following the period in which the workouts were done. (Example: For workouts done in October, November and December, the \$50.00 will be applied to January, February and March insurance premiums). This reduction will only apply to employee health premiums and not dependents.

Employees who do not have the ETBU medical insurance will not receive any financial benefit.

## Wellness Participation Agreement Sheet

I choose to participate in the ETBU wellness program beginning: January 1 \_\_\_\_\_, April 1 \_\_\_\_\_, July 1 \_\_\_\_\_ or October 1 \_\_\_\_\_.

I will do my workouts at:

- \_\_\_\_\_ ETBU Healthplex
- \_\_\_\_\_ Marshall Life Center
- \_\_\_\_\_ GSMC Institute of Healthy Living

I agree to the following monthly payroll deduction for the Marshall Life Center: \_\_\_\_\_ \$17.50  
\_\_\_\_\_ \$32.50  
\_\_\_\_\_ \$52.50

I understand that this agreement will remain in effect and that payroll deductions (if applicable) will continue until I notify the Administration & Finance Office in writing of my intent to end participation, and if I am participating at the Life Center, I understand that it is my responsibility to contact that facility (in person) to cancel my membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_