



Fitness Reimbursement Policy

EverGRO Cooperative is committed to investing in our employee's wellness journey and encourage them to regularly participate in physical activity/fitness to help promote a healthier lifestyle for themselves and their families and loved ones.

Eligibility Requirements

- All employees are eligible, but must have been employed with the cooperative for at least 90 days and all part-time employees must have averaged at least 10 hours per week for the months being reimbursed.
- Membership costs and details must be provided by a date determined by HR/Payroll in June and December of each calendar year for the previous 6 months, to be eligible for reimbursement. This must be approved by HR and the General Manager.
- Employees will be reimbursed twice in a calendar year.
- Employees may be reimbursed up to \$150 per employee or \$300 maximum for employee plus spouse per 6-month period (January-June and July-December). This includes costs associated with health/fitness activities listed below. Expenses for spouses are only eligible if the employee is participating in the eligible activity as well.
 - Gym/Fitness Monthly Memberships will be reimbursed up to \$25/per month. Employee must average gym attendance of, at 2 times per week for a reimbursed month.
 - Individual Training Sessions/Fitness Classes/Nutrition Coaching will be reimbursed up to \$20 per session/visit
 - Race/Competitive Fitness Entry Fees will be reimbursed up to \$15 per entry
- Employees must complete the "Fitness Reimbursement Request Form," and provide the necessary documentation and return to HR/Payroll for review.
 - Final approvals from HR Manager and General Manager are required prior to reimbursement.
- Eligible expenses/fees that will be considered for reimbursement and must have proper documentation to validate include;
 - Gym Membership fees
 - Application/Registration fees associated with establishing a gym/fitness membership

- Fees associated with fitness classes
- Fees associated with personal training classes or 1-on-1 fitness coaching
- Fees associated with nutrition classes or nutrition coaching
- Fees associated with events related to physical activity such as Running Races, Cycling Races, Competitive Fitness Competitions, etc.
 - Exclusions; recreational activities
- Fitness Center/Gyms that are permissible for reimbursement are defined as facilities that offer a full complement of exercise equipment and/or programs for physical activity, cardiovascular and/or strength training.

Tax Liability

The amount of reimbursed costs to employees will be reported as taxable income to the Internal Revenue Service (IRS) and is subject to FICA, Medicare, federal, state and local taxes.



Fitness Reimbursement Request Form

This form must be completed, reviewed, and signed to be considered for reimbursement.

Employee Name:	
Employee Supervisor:	
Job Title:	
Date of Hire:	
Name of Gym/Fitness Facility OR Name of Fitness Trainer/Nutrition Coach:	
Name of Race/Competition:	
Address of Gym/Fitness Facility:	
Date(s) of Event or Date(s) of Membership or Date(s) of Coaching/Training Sessions:	
Fees Requesting Reimbursement:	Application/Registration Fees =

<p>*Supporting Documentation must be attached*</p>	<p>Monthly Membership Fees =</p> <p>Race Entry Fees =</p> <p>Individual Training/Session Fees =</p> <p>Nutrition Courses/Coaching Fees =</p>
<p>I have attended my gym on average of two times a week, for each monthly period I am submitting my reimbursement:</p>	<p>Signature Attesting to the Statement to the left:</p> <p>_____</p>

I have read and understand the Fitness Reimbursement Policy and agree to the terms and conditions of the policy, including that any reimbursement may be deducted from my last paycheck if I terminate employment with the Cooperative within 6 months from the date, I received the reimbursement. I also agree that the documentation I provided is accurate and valid and I understand that if it is discovered to be inaccurate or false, the cooperative will deduct any reimbursements previously provided.

Employee Signature: _____ **Date:** _____

Date Request Form was Received: _____

Verify Proper Documentation was Received: YES NO

Verify Employee Meets Eligibility Requirements: YES NO

***Must have been employed at least 90 days; part-time employees must have averaged 10 hours per week for the months being reimbursed. ***

Amount Approved to Reimburse: _____

Human Resources Signature: _____ **Date:** _____

General Manager Signature: _____ **Date:** _____