



Department <b>Human Resources</b>	Policy No. <b>HR 025</b>	Page <b>1 of 3</b>
Policy Title <b>EMPLOYEE HEALTH AND WELLNESS ALLOWANCE</b>		

Council Resolution <b>No59-07</b>	Date: <b>February 13, 2007</b>	<i>[Signature]</i>	CC <i>[Signature]</i>	Cross Reference	Effective <b>January 1, 2007</b>
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**PURPOSE**

To establish guidelines for the administration of a Health and Wellness Allowance for eligible Parkland County employees.

Where a collective agreement varies from the provisions of this policy, the collective agreement reference prevails.

**POLICY**

Parkland County understands the relationship between a healthy lifestyle and workplace productivity. An annual allowance is provided as a means to encourage and support eligible employees to pursue health and wellness activities.

**PROCEDURES**

1. The allowance reimbursement year runs from January to December.
2. There will be no carry forward of any unused allowance from year to year.
3. Activities paid for prior to January 1<sup>st</sup> are not eligible for reimbursement in the current year.
4. This allowance is for eligible Parkland County employees only.
5. If an employee is unsure if an activity is eligible for reimbursement they should contact the Human Resources Coordinator for confirmation/clarification prior to proceeding.
6. The allowance is considered a taxable benefit as defined by Canada Revenue Agency.
7. Permanent (full-time and part-time) and seasonal employees are eligible for the maximum allowance of up to two hundred (\$200) dollars per calendar year.
8. The allowance is prorated in the year of hire based on completed months of service.
9. Casual and temporary staff are not eligible for this benefit.

**ADMINISTRATION**

1. Employees will be required to complete an Employee Health and Wellness Allowance Reimbursement form and have it authorized by their immediate Supervisor and Department Manager, Assistant General Manager or General Manager (as applicable). Forms are available on the Intranet or through Human Resources.
2. Completed forms are to be sent, with the original receipt to the Human Resources Coordinator. Human Resources will forward for processing by payroll.
3. Approved allowances will be paid through payroll, and will be subject to tax.

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4. Listed below are some examples of activities that would be eligible for reimbursement (not intended to be an exclusive list):

- a. Tri Leisure Centre membership fees (see note below)
- b. Other fitness club/gym memberships
- c. Organized league sports
- d. Lessons/Classes/Programs/Passes relevant to:
  - \*yoga
  - \*aerobics
  - \*pilates
  - \*skating
  - \*golf (including club membership)
  - \*martial arts
  - \*personal trainer
  - \*tai chi
  - \*squash
  - \*racquetball
  - \*arts & crafts (including supplies)
  - \*swimming
  - \*sports & fitness equipment
  - \*rollerblading
  - \*badminton
  - \*skiing
  - \*tennis

\*massage from a licensed professional (when not covered under benefit provider)

5. Listed below are some examples that would not be eligible for reimbursement:

- one time fees (drop-in class)
- health practitioner instruction
- vitamin supplements
- personal development books
- relaxation/meditation CD's

**Note:** The corporate fee that Parkland County pays for employees who have TransAlta Tri Leisure Centre Corporate memberships (considered non-taxable by Canada Revenue Agency) will reduce the allowance that those employees may claim. The reduced allowance is deemed taxable by Canada Revenue Agency.

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**EMPLOYEE HEALTH AND WELLNESS ALLOWANCE  
REIMBURSEMENT FORM  
HR 025**

**Employee Name:** \_\_\_\_\_ **Employee #** \_\_\_\_\_

I am claiming reimbursement for (identify activity) \_\_\_\_\_

**Category:**

- Membership     League Sport     Lessons     Classes     Program  
 Equipment     Passes

I am attaching an original receipt(s) as noted above and am requesting reimbursement of  
\$ \_\_\_\_\_ on my pay at the next convenient payroll process.

\*Maximum \$200.00 per calendar year.

\*Prorated in year of hire. Identify # of completed months of service \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date Requested \_\_\_\_\_

Approved by: \_\_\_\_\_ (Immediate Supervisor)

\_\_\_\_\_ (Next Level Supervisor)

GL Code \_\_\_\_\_

**\*Forward with original receipt(s) to Human Resources Coordinator.**