

**United States Department of the Interior  
BUREAU OF LAND MANAGEMENT  
National Human Resources Management Center  
Denver Federal Center, Building 50  
P.O. Box 25047  
Denver, Colorado 80225-0047**

May 2, 2003

In Reference Refer To:  
1400-792(HR-220)P

EMS TRANSMISSION 05-21-2003  
Instruction Memorandum No. HR-2003-045  
Expires: 09/30/2004

To: All BC, HR, and ST Employees

From: Director, National Human Resources Management Center

Subject: Fitness Membership Fee Reimbursement Program

**Program Area:** Human Resources Management, Quality of Worklife Programs

**Purpose:** The purpose of this Instruction Memorandum is to transmit Bureau of Land Management policy for a fitness membership fee reimbursement program within the Denver National Centers, specifically the NBC, NSTC, and NHRMC.

**Policy/Action:** The Denver National Centers, including; NBC, NSTC, and NHRMC endorse the Bureau's Fitness Membership Fee Reimbursement Program as issued in Washington Office (WO) IM No. 2002-185. The policy is to reimburse an employee up to 50% of an individual membership fee for a commercial, non-federally sponsored fitness center not to exceed \$275 annually.

Cost-shared participation in commercial physical fitness facilities is limited to permanent full and part-time employees, and employees on a one year or more appointment. New employees should be notified of this benefit upon orientation. Participation is voluntary. To be eligible for reimbursement, an employee must self-certify participation in fitness activities at least two (2) times per week for at least one-half hour per visit (Attachment 3).

Employees should select fitness facilities that include a full complement of exercise equipment and programs for cardiovascular and body strengthening. The fitness facilities must be non-segregated wherein membership and use are not restricted by sex, race, national origin, color, religion, age disability, or sexual orientation. Recreational activities such as baseball, softball, basketball, bowling, golf, tennis, volleyball, etc., are not approved fitness activities for

which BLM will make reimbursement. Additionally, weight loss programs, stress management programs, blood pressure testing, cholesterol screening, smoking cessation, substance abuse counseling, or other similar programs do not qualify for reimbursement under the fitness fee membership reimbursement program.

Prior to participation and each year thereafter, the employee must sign a Waiver and Informed Consent Statement (Attachment 1). Employees interested in participating in the program are encouraged to get a medical examination prior to engaging in the fitness program. The employee is financially responsible for the medical examination.

BLM will not reimburse initiation fees. If an employee has a family membership, the employee must provide documentation of the cost for an individual membership. The 50 percent reimbursement is based on the individual membership. Proof of payment for membership fees must be provided before employees can receive reimbursement.

BLM will reimburse membership fees annually after the end of the calendar year for which the membership fees were paid. Employees who pay on a monthly or quarterly basis, may submit multiple receipts covering the previous year. To obtain reimbursement for the membership fees, employees must submit the following documents:

- **Copy of contract or other documentation that provides information on the cost of an individual annual membership at the fitness facility.**
- **Paid invoice(s) or other proof of payment for individual membership fees.**
- **Informed Consent and Waiver Form (Attachment 1)**
- **The Report of Taxable Fringe Benefit -Fitness Center Reimbursement Fees (Attachment 2).**
- **Fitness Membership Fee Reimbursement Program Self Certification of Usage (Attachment 3)**

Once approved by your supervisor, the above documents should be promptly forwarded to the National Business Center, Attn: Candace Thatcher, Accounts Payable Branch, BC-622, for payment. Tax Liability Program cost-share reimbursement is made through the Federal Personnel Payroll System (FPPS) and is included in an employee's salary payment. The amount reimbursed is a taxable benefit reported as taxable income to the Internal Revenue Service and is subject to Federal, FICA, Medicare, State, and local taxes.

Supervisors are encouraged to cooperate with employees who desire to adjust their work schedule, including their lunch period, to facilitate the use of nearby fitness facilities.

**Timeframe:** This policy becomes effective the date of this Instruction Memorandum and serves to supersede all other Center level fitness membership fee reimbursement programs currently in effect.

**Budget Impact:** The cost of this program is to be absorbed by each Center.

**Background:** Fitness programs are widely recognized as creating positive impacts on employee health as it affects job performance and productivity. Therefore, it is in the best interest of the BLM to assist employees in achieving and maintaining good health by providing this program.

**Manual/Handbook Sections Affected:** None

**Coordination:** NBC, NSTC, and NHRMC Directors

**Contact:** For information regarding this policy, please call Holly Boyd, HR-220, (303) 236-0698. For information related to reimbursement procedures, please call Candace Thatcher, BC-622, (303) 236-6369.

Signed By:  
Linda D. Sedbrook  
Director, NHRMC

Authenticated By:  
Luron Porter  
Staff Assistant

3 Attachments

- 1- Informed Consent and Waiver Form (1 pg)
- 2- Report of Taxable Fringe Benefit- Fitness Center Reimbursement Fees (1 pg)
- 3- Self-Certification of Usage (1 pg)

**Bureau of Land Management**  
**Fitness Membership Fee Reimbursement Program**  
**Informed Consent and Waiver Form**

I wish to participate in the Bureau of Land Management's Fitness Membership Fee Reimbursement Program. I agree to abide by BLM's rules and regulations and understand that violation of the rules will result in withdrawal of the taxable reimbursement available to me.

I realize that there are dangers whenever one is engaged in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of my participation in my fitness program.

I hereby release and hold harmless from any liability whatsoever the Bureau of Land Management or the Department of the Interior, as well as its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a fitness program and that I am financially responsible for that medical examination.

I certify that I have read the contents of this Waiver and Consent Form, understand its contents, and agree to the above terms and conditions.

Employee Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Memorandum

To: BLM National Business Center  
Accounts Payable Branch, BC-622

From:

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

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

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

Department: **IN** Bureau: **05** Subbureau (**State/Center**): \_\_\_\_\_

Claiming Period: From: \_\_\_\_\_ To:  
\_\_\_\_\_

<b><u>Pay Code</u></b>	<b><u>Amount</u></b>	<b><u>Cost Account Number</u></b>
EFB	\$ _____	_____ (Subactivity) (Program Element) (Organization) (BOC)

(Up to 50% of annual membership fee, not to exceed \$275 per year)

Supervisor's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Bureau of Land Management  
Fitness Membership Fee Reimbursement Program  
Self-Certification of Usage**

I certify that I have engaged in fitness activities at the center in which I am seeking membership fee reimbursement on an average of two times per week for at least **2** hour per visit for the period for which I am seeking reimbursement.

I understand that my failure to engage in fitness activities at my center at least two times per week for at least **2** hour per visit for the reimbursement period disqualifies me from receiving reimbursement for my membership fees.

I also understand that falsely certifying usage will lead to my immediate removal from participation in the BLM's Fitness Membership Fee Reimbursement Program, without reimbursement for any expenses already incurred, and could result in appropriate disciplinary action.

Print Name : \_\_\_\_\_

Fitness Center: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_