



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

California State Office
2800 Cottage Way, Suite W1834
Sacramento, California 95825
www.ca.blm.gov



July 3, 2001

In Reply Refer To:
1400-792(N)
CA-945

EMS TRANSMISSION: 7/03/01
Instruction Memorandum No. CA-2001-049

To: All Employees
From: State Director
Subject: Interim California Wellness Program Policy

Program Area: Human Resources

Purpose: The purpose of this memorandum is to establish policy for the wellness/physical fitness program in California and set forth the procedures to be followed by employees interested in participating.

Scope: This applies to all BLM California offices.

Effective Date: Immediately. This is the initial California policy. Procedures may be modified upon the issuance of a Bureau-wide policy.

Authorities: 5 U.S.C. Section 7901, et seq.;

Background: The Wellness Program is designed to assist employees in achieving healthy lifestyles while permitting them the flexibility to choose the program(s) which best fulfill(s) individual needs and preferences. This program provides continued assistance for self-improvement and/or maintenance in areas such as stress reduction, physical fitness, weight loss, nutritional guidance, and smoking cessation. Fitness programs are widely recognized as creating positive benefits to both employees and the employer. Reduced absenteeism, illnesses, accidents, increase in productivity, and improved employee morale are objectives of the Statewide Wellness Program. It is recognized to be in the best interest of the Bureau of Land Management to assist employees in achieving and maintaining good health by providing this program.

Options: The Wellness Program consists of both partial reimbursement for memberships in off-site commercial physical fitness facilities and wellness intervention programs (see General Requirements #5).

Off-Site Fitness Programs: Employees exercising at a commercial physical fitness center will receive a 50% reimbursement for membership cost, up to \$275 per year per employee.

To be eligible for reimbursement, you must participate in fitness activities at your fitness center an average of two times per week over the period of the agreement for which you request reimbursement (see attachment 1). Off-site programs include commercial physical fitness centers which contain a full complement of exercise equipment and programs for cardiovascular and body strengthening.

Participation is obtained through the payment of initiation and monthly fees. The Parties understand the provider will not restrict membership based on sex, race, national origin, color, religion, age, disability, or sexual orientation. However, this does not preclude an Employee from participating in groups or classes primarily oriented toward target groups providing participation is open to all..

Dues for family members shall be the sole responsibility of the employee. BLM will only pay for dues for family memberships if another family member is also employed by BLM and the cost of the family membership is less than or equal to two individual memberships. Employees should request the facility to note the cost of an individual membership on the invoice.

Products and/or services inherently personal in nature (e.g., personal trainers, massage therapy, fitness apparel, etc.) are not eligible for reimbursement. Group sports or recreational activities such as softball, bowling, volleyball, tennis, golf or racquetball are not covered under the interim policy.

Wellness Intervention Programs: Employees participating in wellness intervention programs will receive reimbursement for the cost of the program(s), up to \$375 per year per employee.

These programs involve broad areas of nutrition, stress reduction, health, and safety, and are designed to improve employees' health. The programs range from informal to highly structured, from self-help to interactive programs marketed by outside organizations. Some examples of these intervention programs include: smoking cessation, nutrition, hypertension control, weight control, martial arts for exercise-fitness, stress management, and other similar assistance programs.

These programs may be utilized as individual memberships or sanctioned by contracting for group membership with providers in locations where feasible to do so. Group memberships will be at the election of the Employees involved in the group and prorated to only the participating individuals.

The Parties understand the provider will not restrict membership based on sex, race, national origin, color, religion, age, disability, or sexual orientation. However, this does not preclude an Employee from participating in groups or classes primarily oriented toward target groups providing participation is open to all.

Products and/or services inherently personal in nature (e.g., food, vitamins, smoking patches/gum, etc.) are not eligible for reimbursement. Reimbursement is to be consistent with the Wellness Program policy and normally would include the initiation fee and/or monthly maintenance fee.

Employees may participate in either or both options and be reimbursed at the participation levels identified above.

Responsibilities:

1. Human Resource Services:

- coordinate with wellness coordinators and oversee the program
- periodically evaluate programs, establish policies to monitor program accomplishments, and review program proposals that are exceptions to the provisions stated in this policy
- provide a summary report to the State Director at the end of each fiscal year on the number of participants, costs, and type(s) of programs utilized.

2. State and Field Office Wellness Coordinators:

- provide information and assistance to program participants and suggestions to improve the wellness program
- maintain records required by this program
- provide an annual summary report (attachment 4) to Human Resource Services by October 15th of each year.

3. Field Managers:

- establish a process for identification of wellness coordinator for the Field Office or State Office Division
- ensure new employees are informed of the program policies
- approve Program Agreements and authorized payments
- ensure all documents are reviewed and forwarded in a timely manner (see General Requirements #5 for reimbursement time frames)
- within mission requirements, work with employees in establishing flexible work schedules

General Requirements

1. Eligibility: Participation in an approved fitness program is strictly voluntary and is available for all permanent employees and employees serving on a temporary or term appointment NTE one year or more.

2. Enrollment/Liability Certification: To participate in the program, employees must submit to their supervisor, the BLM Physical Fitness Program Agreement (Attachment 1), and the Informed Consent Waiver (attachment 2).

3. Effective Dates: Reimbursement for use of off-site facilities or wellness intervention programs may not begin until the Informed Consent Waiver and proof of membership have been provided to the Wellness Coordinator.
4. Membership Termination: Employees should inform the Wellness Coordinator when discontinuing participation in the Wellness Program. Failure to do so may result in the debt being collected by Government billing procedures, garnishment of wages, and/or loss of other Wellness Program privileges.
5. Reimbursement of Fees: Employees are responsible for the prompt payment of all fees associated with their program participation. Employee reimbursement will be made after the service has been received, on a quarterly, semi-annual, or annual basis. To receive reimbursement, complete the Memorandum: Report of Taxable Fringe Benefit (Fitness/Wellness Subsidy) (attachment 3) and submit it to the Wellness Coordinator. Reimbursement for the Wellness Program will be processed through the payroll system; the entitlement will be reflected in the participating employees' salary payments. The amounts reimbursed to employees will be reported as taxable income; associated assessments will be computed for Federal, FICA, Medicare, State, and local taxes by the Denver Payroll Operations Group.
6. Time for Programs: No official duty time is authorized for the Wellness Program. Employees may use off-site facilities during their lunch break, if provided for in his or her approved flextime work schedule. Other use of physical fitness facilities during flextime hours scheduling may occur only if the employee has been approved for leave or utilizes scheduled credit hours earned in the Alternative Work Schedule Program. This does not prohibit use before or after normal duty hours. Supervisors are urged to cooperate with employees in allowing them to adjust their work schedules to permit use of physical fitness facilities.
7. Program Evaluation: By October 15th, each Wellness Program Coordinator will submit to the Human Resource Office a Physical Fitness Annual Report (attachment 4).

Participating Employees:

1. Complete a BLM Physical Fitness Program Agreement and an Informed Consent Waiver; submit these with proof of membership through the supervisor, to the Wellness Coordinator. It is recommended that employees receive a medical examination prior to initiating a fitness program. The evaluation should be completed in conjunction with the established procedures required by the facility. The member will assume all responsibility for obtaining such consultation and/or testing and evaluation.
2. Develop an agreement with immediate supervisor for earning and using credit hours to be used in conjunction with Wellness Program activities (if planning to utilize the Wellness Program during work hours). The Basic Workweek Request Form 1400-72 may be used.
3. Obey all applicable rules and consistently utilize a program/facility when receiving program funds in order to ensure participation is consistent with their Physical Fitness Program Agreement.

4. Inform in writing, the supervisor and the Wellness Coordinator when discontinuing the Wellness Program.

5. Submit Wellness Program reimbursement form (attachment 3). This form should be completed (typed or hand-written in black or blue ink) correctly and clearly.

Contact: Questions regarding the technical application of these policies should be directed to Sherian Long, Chief, Human Resource Services, (916) 978-4461. Exceptions to the policy should be addressed to Jim Abbott, Associate State Director, (916) 978-4600.

Signed by:
James Wesley Abbott
Associate State Director

Authenticated by:
Richard A. Erickson
Records Management

4 Attachments

- 1 - BLM-California's Wellness Program Agreement
- 2 - Informed Consent Waiver
- 3 - Memorandum: Report of Taxable Fringe Benefit
- 4 - BLM Physical Fitness Annual Report

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

INFORMED CONSENT WAIVER

RELEASE

I, the undersigned, wish to participate in the Wellness Program for California Bureau of Land Management, Department of the Interior. I understand that I may receive personal instructions in exercise classes and prescriptive advice which I may put to use at my own discretion in the absence of direct supervision.

I realize that anytime one engages in a physical activity, there are inherent risks. I therefore accept all responsibility and assume the risk of injury or damage to my person which 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, as well as its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a physical fitness program and that I am financially responsible for that medical examination.

(initial)

I also agree to abide by the rules and regulations as established by the Bureau of Land Management with the understanding that violation of such rules may result in withdrawal of the compensation offered to me.

I certify that I have read the contents of this release and understand its contents.

EMPLOYEE NAME (print): _____

OFFICE CODE _____

SIGNATURE: _____

DATE: _____

SUPERVISOR (print): _____

SIGNATURE: _____

DATE: _____

MEMORANDUM

To: Payroll Operations Division
ATTN: D-2663

Date: _____

From: Bureau of Land Management

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

Employee Name: _____ SSN _____

Department : IN Bureau: 05 Subbureau: CA

Taxable Income to Be Reported in Tax Year: _____

H.C. **EFB*** Amount of entitlement \$ _____

Month(s) for Reimbursement: _____

Management Official Date Phone

Cost Account Code: _____

***Payment to be included in employee's payroll check: H.C. EFB**

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM PHYSICAL FITNESS ANNUAL REPORT

State/Field Office: _____

Date: _____

Prepared by: _____

1. Number of employees involved in physical fitness program:

Permanent ____ Terms ____ Temps ____ SCEPS ____ Total: _____

2. Physical fitness/intervention costs submitted by this office:

Fitness \$ _____ Intervention \$ _____ Total \$ _____

3. Did your office offer or sponsor other wellness related programs (other than reimbursements)?

Yes _____ No _____

If yes, please list the types of Program(s), total cost and identify any funds you may have received from CASO.

4. Additional comments:

