



# A Healthier You! Expanded Town of Westerly Gym Enrollment Program

**Program Details:**

As part of the Town’s voluntary wellness program, the Town has partnered with Westerly Fitness, to provide a payroll deduction, gym fee program. Under the program, the Town employee will pay \$9.99 per covered individual via payroll deduction for their portion of the Westerly Fitness’s monthly \$19.99 fee and the Town will pay the remaining \$10.00. The gym fee is considered taxable income by the IRS. Employees who participate in this program, will see this reflected on their paycheck. By enrolling in this program, I agree to the following conditions:

Initials	Condition
	This is a pilot program as part of the Town of Westerly’s voluntary wellness program and continued funding after June 2019 is not guaranteed.
	To receive the Town’s reimbursement amount, the employee agrees to have their total monthly membership fee of \$9.99 (total \$19.99 = \$10.00 Town reimbursement, \$9.99 employee paid portion) per individual enrolled, plus any applicable annual fees, taken from payroll deduction. The Town is only responsible for the \$10.00 portion of the monthly membership fee.
	I understand to remain eligible for the Town’s gym reimbursement program, I must remain employed with the Town in an eligible position. If I separate from employment, or move into an ineligible position within the Town, the Town will discontinue the Town provided portion of the gym fees, and all fees to maintain membership at Westerly Fitness will be the sole responsibility of the separating/transferring employee.
	I understand that the \$10.00 gym reimbursement is considered taxable income and understand this will be reflected on my paycheck.
	I understand that if I am on an unpaid leave of absence, I will be required to submit to the Town a monthly payment of \$9.99 to ensure continued enrollment in this program. If I fail to make a monthly payment during my unpaid leave of absence, I give permission to the Town to collect my monthly fee upon my return to paid status.

#of individual’s enrolled: \_\_\_\_\_ Town Cost: \_\_\_\_\_ Employee Cost: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (if employee put self): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I \_\_\_\_\_ authorize a monthly deduction of \$9.99 per individual listed, from my paycheck to pay for my gym membership at Westerly Fitness as part of the A Healthier You!, the Town's voluntary wellness program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date