

# WELLNESS REIMBURSEMENT BENEFIT

*Effective 1/1/2024*

It's important to the City that employees are taking care of their own health and wellness. To help defray the costs of that, employees are eligible to apply for reimbursement of some of the expenses they incur in taking steps to stay healthy, well, and active. Benefits eligible employees can apply for reimbursement for the following types of expenses:

Up to \$25 per month for monthly fitness or wellness membership expenses such as a gym, fitness subscription, fitness or wellness app, etc.

OR

Up to \$300 per calendar year for non-recurring fitness or wellness related expenses such as personal fitness equipment, fitness trackers, race entry fees, ski passes, state park passes, etc.

## GENERAL RULES

### I. Eligible employees.

In order to qualify for this wellness reimbursement benefit, employees must meet the following criteria:

- Employees must be benefit eligible, meaning regular part time or full time employees.
- Employees do not need to be on the City's health plan to qualify.

### II. Eligible expenses.

Employees are eligible for the \$25 per month reimbursement OR the \$300 reimbursement in a calendar year, but not both. The benefits cannot be mixed

and matched within the same calendar year. The following expenses are eligible for reimbursement:

A. \$25 monthly reimbursement.

The monthly reimbursement is for monthly recurring memberships or subscription expenses up to \$25. Expenses must be related to fitness, physical or mental health, or wellness. Other types of well being memberships or subscriptions, such as financial, planning, etc. do not qualify. Expenses in connection with medical, personal care, or similar appointments do not qualify (massage, nail appointments, facials, spa, etc.). Some examples of eligible subscriptions or memberships include:

- In person gym, pool, fitness center memberships
- Online yoga, pilates, HIIT class, and similar memberships
- Calm, Headspace, or other mindfulness or wellness apps
- Peloton monthly subscriptions
- Weight loss apps such as Noom

Employees must attend or participate in at least six sessions per month to qualify for reimbursement for that month.

B. \$300 non-recurring expense reimbursement.

Employees may request reimbursement for up to \$300 in non-recurring wellness related expenses. Employees may request a single reimbursement of up to \$300, or reimbursement for multiple expenses up to a total of \$300 (e.g. a \$70 lift ticket, and two \$50 race entry fees).

This reimbursement is for items whose primary purpose is related to fitness, physical or mental health, or wellness.

Some examples of expenses that do NOT qualify:

- Other types of well being expenses, such as financial, planning, etc.;
- Expenses incurred in connection with medical, personal care, or similar (blood pressure monitor, massage, nail appointments, facials, spa, etc.);
- Clothing (gym shorts, swimsuits, etc.);

- Consumables (protein powder, supplements, pre-workout);
- Apple watches and cellular phones;
- Expenses related to hobbies, rather than physical fitness activities, (fishing, hunting, boating, etc.).

Some examples of eligible costs include:

- At home gym equipment
- Fitness tracker up to \$100
- Race entry fees
- Ski or trail passes
- Ski, snowshoe, or other equipment rentals
- State park passes
- One pair of athletic footwear such as sneakers, hiking boots, climbing shoes, ice skates (does not include fashion or non athletic footwear)
- Athletic gear such as baseball bats, hockey gear, climbing gear, yoga mats, etc. (does not include non athletic gear, and does not include clothing)

Expenses must be for items for the employee's own use. Equipment or fees used to benefit family members or to be resold do not qualify for reimbursement

### **III. Procedure for requesting reimbursement.**

Employees must follow this procedure for requesting reimbursement. Failure to follow this procedure may result in the denial of a reimbursement request.

- Reimbursement requests must be submitted using this [Google Form](#) (strongly preferred), or they can be submitted in hard copy to a department PAO or HR Liaison, or directly to the HR Department, using the attached form. PAOs or HR Liaisons will then forward that to HR.
- Employees must submit documentation of the expenses they have incurred, such as a receipt or bill. Requests without the required documentation will not be eligible for reimbursement.

- Reimbursement requests must be submitted at least quarterly with the following deadlines:

<b>Expenses incurred in:</b>	<b>Must be submitted for reimbursement by:</b>
Quarter 1 (January, February, March)	April 30
Quarter 2 (April, May, June)	July 31
Quarter 3 (July, August, September)	October 31
Quarter 4 (October, November, December)	January 31

- Reimbursements will be processed at least quarterly. There is no guarantee that they will be processed more often than quarterly.
- Reimbursements will show on your regular pay stub as “Health”.
- Please note that Federal and state laws require the City of Portland to withhold employment taxes on the value of these benefits.

For questions, please contact your PAO or HR Liaison, or contact [doaned@portlandmaine.gov](mailto:doaned@portlandmaine.gov) in HR



## EMPLOYEE GUIDANCE: \$300 FITNESS REIMBURSEMENT

The City provides the option for a \$300 reimbursement for certain fitness and wellness related expenses to help support employee health and wellness. This gives an overview of eligible expenses under that program.

To review the full program, click [HERE](#)  
To submit your reimbursement request, click [HERE](#)  
**For questions contact Diane at [doaned@portlandmaine.gov](mailto:doaned@portlandmaine.gov)**

### APPROVED EXPENSES

- At-home gym equipment
- Fitness trackers up to \$100 (not including Apple watches)
- Ski / trail passes
- Race entry fees
- Outdoor equipment rentals
- One pair of specialized footwear (sneakers, hiking boots, climbing shoes, cycling shoes, cleats, skates)
- Athletic gear (yoga mats, baseball bats, hockey gear, climbing gear)
- State park passes

### NOT APPROVED

- Medical equipment
- Personal care/relaxation expenses (spa, skin care)
- Clothing
- Consumables (protein powder, pre-workout)
- Apple watches or cell phones
- Expenses related to hobbies (fishing, boating, hunting)
- Items not intended for the employee (for family, to sell, etc.)
- Travel expenses
- Expenses where the primary purpose is not fitness of mental wellness

## WELLNESS REIMBURSEMENT FORM

This form is to be used to submit for reimbursement of fitness related expenses in accordance with the City's Wellness Reimbursement Benefit. Please complete this form, attach all necessary documentation, and provide this to your Department PAO or HR Liaison, or return it to Diane Doane in HR.

### Section 1. EMPLOYEE INFORMATION

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

Employee ID Number: \_\_\_\_\_

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

### Section 2. TYPE OF REIMBURSEMENT

You are eligible to request reimbursement for one of the following. You may only choose one type of reimbursement per calendar year.

CHECK which one you are requesting reimbursement for:

- Up to \$25/month for recurring monthly gym memberships, online fitness subscriptions, wellness or fitness app expenses, etc. (Continue to Section 3)

OR

- Up to \$300 for non-recurring wellness related expenses such as fitness trackers, at-home gym equipment, race entry fees, ski passes, etc. (Continue to Section 4)

### Section 3. ADDITIONAL INFORMATION FOR \$25/MONTH REIMBURSEMENT

Complete this section if you are requesting reimbursement for up to \$25/month for recurring memberships, subscriptions, etc.

CHECK the months for which you are requesting reimbursement.

*\*\*Please note the deadline for submitting your request. Requests submitted after the deadline may not be processed.\*\**

<b>Quarter 1</b>  <input type="checkbox"/> January  <input type="checkbox"/> February  <input type="checkbox"/> March	<b>Due by April 30</b>
<b>Quarter 2</b>  <input type="checkbox"/> April  <input type="checkbox"/> May  <input type="checkbox"/> June	<b>Due by July 31</b>
<b>Quarter 3</b>  <input type="checkbox"/> July  <input type="checkbox"/> August  <input type="checkbox"/> September	<b>Due by October 31</b>
<b>Quarter 4</b>  <input type="checkbox"/> October  <input type="checkbox"/> November  <input type="checkbox"/> December	<b>Due by January 31</b>

For EACH month that you've checked above, please complete an attendance verification, or you may attach attendance documents. By completing below, you are verifying that you attended or participated in the activity on the dates listed.

*\*\*\*Please note that you must attend/participate in at least six classes/sessions per month to qualify for reimbursement.\*\*\**

**Month 1**

For the first month that you indicated above, write the month and dates you attended/participated.

*For example: January 2, 4, 7, 8, 10, 12, 25, 30*

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**Month 2**

For the second month that you indicated above, write the month and dates you attended/participated.

*For example: February 2, 4, 7, 8, 10, 12, 25, 28*

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**Month 3**

For the third month that you indicated above, write the month and dates you attended/participated.

*For example: March 2, 4, 7, 8, 10, 12, 25, 30*

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**Section 4. ADDITIONAL INFORMATION FOR \$300 REIMBURSEMENT**

Complete this section if you are requesting reimbursement for up to \$300 for non-recurring wellness expenses.

CHECK the quarter in which you incurred the expense(s) for which you are requesting reimbursement.

*\*\*Please note the deadline for submitting your request. Requests submitted after the deadline will not be processed.\*\**



<b>Expenses incurred in:</b>	<b>Must be submitted for reimbursement by:</b>
<input type="checkbox"/> Quarter 1 (January, February, March)	<b>Due by April 30</b>
<input type="checkbox"/> Quarter 2 (April, May, June)	<b>Due by July 31</b>
<input type="checkbox"/> Quarter 3 (July, August, September)	<b>Due by October 31</b>
<input type="checkbox"/> Quarter 4 (October, November, December)	<b>Due by January 31</b>

**Expense 1**

Describe the expense for which you are requesting reimbursement. By requesting reimbursement for this expense, you state that it is intended for your personal use.

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**Expense 2**

Describe the expense for which you are requesting reimbursement. By requesting reimbursement for this expense, you state that it is intended for your personal use.

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**Expense 3**

Describe the expense for which you are requesting reimbursement. By requesting reimbursement for this expense, you state that it is intended for your personal use.

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## **Section 5. ATTACH DOCUMENTATION**

You must attach documentation for each monthly membership, subscription, etc. or non-recurring expense that you are requesting reimbursement for.