



Pleasant Valley Fire District District Policy



Wellness and Fitness Reimbursement Policy

Pleasant Valley Fire District members, including auxiliary members, can receive reimbursement up to \$250/year for individual gym membership/fitness/wellness classes. This policy has been adopted by the Board of Fire Commissioners to assist in achieving a healthier lifestyle and assuring the physical fitness of its active Fire/EMS members. While Pleasant Valley Fire District may supply reimbursement for certain resources, the member is individually responsible for maintaining themselves in a ready state for their firefighting/EMS duties.

Purpose: The Wellness and Fitness Reimbursement Policy encourages, motivates and challenges active fire district members to take an interest in their personal well-being. Firefighting and EMS places extreme physical demands which over time can significantly affect the human body and mind. This policy is NFPA 1500, 1583 Standard on Health-Related Fitness Programs for Fire Department Members compliant.

Approximately 44% of on-duty firefighter deaths over the past 10 years are cardiac related. The long-term ramifications for inactivity in the Fire/EMS service can contribute to metabolic syndrome, cardiovascular disease, obesity, hypertension, hyperlipidemia, Type 2 diabetes, etc. The long-term exposure to carcinogens and contaminants has shown a 9% increase in cancers linked to the fire service. Likewise, firefighters and EMS workers experience higher levels of PTSD, depression, anxiety, substance abuse and suicide.

This Wellness and Fitness Program policy is to establish and implement a risk reduction culture by promoting firefighter/EMS health and disease prevention.

Program Goals:

- Maintain and support heart-healthy lifestyle and condition of fit members
- Motivate and support less-fit members toward peak conditioning
- Increase force productivity and longevity, and minimize disability
- Increase operational membership numbers and responders per call

Procedure:

Eligibility

- Active Fire/EMS Member of the Pleasant Valley Fire District
- Active Auxiliary Members of the Pleasant Valley Fire District
- Associate/Social/Lifetime members are NOT eligible

Reimbursement

- The maximum total annual reimbursement amount per member per fiscal year is \$250.00.
- The member must complete a minimum of 50 visits per fiscal year, showing proof.
- Any costs exceeding the maximum total annual reimbursement will be the sole responsibility of the member.

Qualified Expenses:

- Membership to a full-service health/fitness facility that offers cardiovascular and strength-training equipment, or a facility for exercising and improving physical fitness. Membership to a fitness facility that charges a fee for the use of the facility and equipment and/or a formal class, or instruction designed to improve fitness.
 - Virtual fitness class subscriptions
 - Fitness Subscription Apps (Peloton, Beachbody, Calm, etc.)
 - Meditation
 - Yoga
 - Pilates
 - Zumba
 - Aerobic/group classes
 - Kickboxing
 - CrossFit
 - Strength training
 - Indoor cycling/ spinning classes
 - Tennis
 - Indoor rock climbing
 - Swimming
 - Tennis / Ping-Pong
 - Water Aerobics
 - Weightlifting
 - Barre
 - Boot Camp
 - Boxing

- Dancing
- Golf
- What qualifies as a fitness facility?
 - A fitness facility is a gym or exercise center that houses traditional exercise equipment, exercise classes and is open to the general public
- What expenses qualify for reimbursement?
 - Monthly/annual membership fees paid for qualifying fitness facility, virtual classes, fitness/wellness subscription apps.

Non-qualifying Expenses:

- Expenses not eligible for reimbursement include but are not limited to:
 - Membership, registration, or annual fees for participation in sporting competitions, competitive sports, recreational sports/fitness leagues or home workout activities (e.g., baseball, marathons, soccer, tennis, golf, etc.)
 - Registration in a weight management program such as Weight Watchers, Jenny Craig, etc.
 - Personal trainer fees from a certified personal trainer or qualified fitness facility.
- New or used exercise equipment
 - Examples include bicycles, elliptical, stationary bike, treadmill, weights (sets or handheld), resistance bands, resistance training balls, electronic fitness trackers (whose primary function is to track physical activities, but not including smart watches) etc.
 - Equipment and accessories related to recreational sports/fitness or home workout activities (e.g., sports specific footwear (e.g. football cleats, soccer cleats, or bicycle shoes), kayaks, paddleboards, tennis rackets, bats, balls, DVDs, protective gear, yoga mat, etc.).
- Purchases made through a private party are not reimbursable.
- Apparel, footwear
- Food, vitamins, proteins, and supplements.

Process for Reimbursement:

Monthly membership reimbursements will be reimbursed annually, in December at the end of the fiscal year in which the transaction occurs, up to \$250/year.

- The Request for Wellness Program Reimbursement form must be submitted to the Board of Fire Commissioners by the end of the first week of December to allow time for approval and processing.

- The member must show proof of payment for each month in which reimbursement is requested. Proof of payment is defined as:
 - Receipt or statement from health/fitness/gym facility
 - Credit card/bank statement
- The member must show proof of attending health/fitness facility and/or virtual classes and/or monthly fitness apps 50 times a year.
 - A computer printout from your fitness facility listing your visits
 - A computer printout from your virtual classes/apps listing attendance
- The itemized receipt/proof of purchase or confirmed delivery of purchase if items are purchased online, must be attached to the Request for Wellness Program Reimbursement form, and submitted to the Board of Fire Commissioners for approval and processing by the end of the first week of December.

The district is not responsible or liable for any risks, injuries or losses suffered by the employee and/or dependent(s) in relation to the wellness program.

Falsification of information will result in immediate suspension of the members participation in the program without reimbursement for any expenses he/she may have already incurred.

A member who violates this policy may be subject to disciplinary action.

Adopted 2/9/2021

Pleasant Valley Fire District
Request for Wellness and Fitness Reimbursement Form

Member Name: _____

Fiscal Year 20_____ to 20_____ Amount being claimed \$_____

Dates of 50 Fitness Facility Visits per fiscal year*:

* As a substitute for filling in the dates of your 50 gym visits on this form, you may submit one of the pieces of documentation that are listed below as an attachment to this form.

- A computer printout of your visits to the fitness center/virtual classes/apps
- Receipts that indicate each time you have visited the gym

Name of Fitness/Wellness/Gym/ Facility or virtual classes/apps:

Member Signature:

False statements will result in the denial of reimbursement. My signature above affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Date: _____