



PUSH! Exercise Reimbursement Program



Pulling Up Standards of Health

The PUSH Employee Program is an exercise incentive program for all full time employees and dependents (age 14 and over) Dependents must be covered on the City's health insurance to qualify for reimbursement. You are allowed to combine activities from different fitness centers, as long as you are exercising a minimum of 8 times/ month and the activities require monthly fees. The reimbursement is up to \$25/month for the employee (\$15 for each dependent if they are on the City's medical insurance).

To Qualify for Reimbursement You Must:

- Attend an activity or combination of activities **at least 8 times** per month (with the exception of Onsite boot camp, which the minimum is 7 times per month)
- You must submit attendance logs quarterly to be reimbursed. It is the employee's responsibility to make sure attendance logs were received.
- To make sure you are able to be reimbursed, you must submit page 2 of the PUSH form along with a copy of your contract to Cristina Lee in HR

GYMS: the City has special membership deals with local health facilities/clubs. **Although you are not required to use these gyms,** the clubs listed below have agreed to waive any upfront enrollment fees, and provide special discounts to City employees. Only the gyms in **RED** automatically provide required attendance reports to Human Resources. If you attend a gym not listed on this list you will need to submit your attendance to Human Resources.

O2 Fitness (Corporate Program)
Gold's Gym

Pivotal Fitness
Onsite Boot Camp

ATTENDANCE REPORTS: Provide attendance report to **Cristina Lee** via email at leec@charleston-sc.gov, fax at 724-7358, interoffice mail or deliver in person to the HR Department.

The incentive \$, with normal taxes deducted, will be added to your paycheck quarterly. The quarters run as follows:

Quarter	Reimbursement Month	Date Attendance Report Due to HR
1st -- January, February, March	April	April 10
2nd -- April, May, June	July	July 10
3rd -- July, August, September	October	October 10
4th -- October, November, December	January	January 10



***PUSH!* Employee Reimbursement Program Enrollment form**

Employee Name: _____ Department: _____
Work Phone: _____

Participating Dependent(s) Name and Relationship: _____

Please indicate what type of activity:

Gym Yoga Dance Swim Tennis Golf (Walking)
 Onsite boot camps at work Other

If you are using a gym please tell us which one:

I have included a copy of the contract signed with gym/facility or a statement of my fees/charges (Not needed if doing onsite boot camp classes at work.)

My signature indicates that I have read and agree to the above terms of the City's PUSH exercise program. This program is voluntary, and I understand that I am not required to participate if I choose not to. I understand and acknowledge that any exercise program can have health risks as well as benefits, and I agree that I have or will consult with my health care provider prior to commencing the exercise program to confirm that I can safely participate in my chosen activity. I hereby release the City and its representatives of any and all liability or obligation resulting from my failure to consult with or heed my health care provider, or from my voluntary participation in this program.

Employee signature: _____

Date: _____

Return to:

Cristina Lee, leec@charleston-sc.gov, fax at 724-7358, interoffice mail or deliver in person to the HR Department.



Activity Log (Use this activity log only if the gym/facility is unable to provide a computer generated attendance report)

Date	Type of Activity	Signature of Instructor/ manager at facility	Facility phone #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Month: _____

The information provided is accurate. I am aware that false information or forged signatures will result in disenrollment and will be brought to the attention of the HR Director. All information provided is subject to be verified by the Wellness Coordinator.

PRINTED NAME: _____

WORK #: _____

SIGNATURE: _____