

City of Lamar Wellness Program Employee Wellness Program Guide



ATTENTION!

Did you know that in 2020, over 20 billion dollars were spent in Facebook ads alone? What was all that money designed to purchase?

YOUR ATTENTION!

Your attention is the most valuable commodity in the world. It is what companies are paying for—your attention.

So let me ask you this. Why would you not take your most valuable commodity and spend some of it on YOU? Paying 'Attention' to your own wellbeing is a powerful thing to do to keep yourself resistant to and resilient from stress-related illnesses.

The quality or state of being healthy in mind, body and spirit; a deliberate effort of actively making choices towards a more successful existence.

Our Wellness Program empowers employees to take stock in their personal health and wellness by providing well-organized activities that will ultimately increase overall personal wellness. We continue to define the culture of wellness within the City of Lamar and encourage all employees to take responsibility for their health and well-being.

Achieving wellness can increase psycho-physiological well-being, social success, efficiency at work, and overall energy and happiness.

Long-term Wellness Program Goals:

- ✚ Outcomes Driven - resulting in a positive physical and behavioral change in the Employee
- ✚ Reduction in health care costs
- ✚ Reduction in obesity
- ✚ Decreased absenteeism due to illness, depression, and stress
- ✚ Decline in work-related injuries
- ✚ Increased job satisfaction, morale, and productivity



Begin your wellness journey today!

This is how the Wellness Program works!

We have designed a Wellness program that we believe will help each employee who wants to make a change.

Each predetermined activity/event approved by the Wellness Team will be allocated a gift value of activity. The Wellness Program runs on the calendar year of Jan 1st - Dec 31st.

Activity	Description/ Documentation	Wellness Time Off Value
Annual Physical and Routine Exams	<p>Attach evidence of an annual physical and other routine health exam by a licensed physician to the Reimbursement Log. Examples of health exams include:</p> <ul style="list-style-type: none"> ✚ Routine mammograms ✚ Routine prostate exams, ✚ Routine colonoscopy for 50 yrs and older, etc. <p><i>Routine exams are generally given once per year on a regular basis.</i></p> <p>Note: CDL Physicals do not qualify as they are requirements for the job.</p>	<p>Earn 1 \$25 gift card</p> <p><i>Limit 2 exams per calendar</i></p>
Dental Exam	<p>Attach evidence of a bi-annual dental cleaning to the Reimbursement Log.</p>	<p>Earn 1 \$25 gift card</p> <p><i>Limit 2 dental cleanings per calendar year.</i></p>
Vision Exam	<p>Attach evidence of an annual eye exam to Reimbursement Log.</p>	<p>Earn 1 \$25 gift card</p> <p><i>Limit 1 vision exam per calendar year</i></p>
Dermatology Exam	<p>Attach evidence of a dermatologist exam to Reimbursement Log.</p>	<p>Earn 1 \$25 gift card</p> <p><i>Limit 1 dermatologist exam per calendar year</i></p>
Personal Fitness	<p>Employees must exercise for at least 30 minutes a day/3x week for a period of 6 months. Attach a daily activity log or check-in from a recognized facility (City Rec, LCC Wellness Center, other private gym) Employees may have up to (2) weeks during the (6) month period where they don't have to log activities.</p>	<p>Earn 1 \$50 gift card</p> <p><i>Limit 1 per year</i></p>

Participate in a 5K, 10K, triathlon, Warrior Dash, etc...

Participate in a 5K, 10K, triathlon, Warrior Dash or other similar event.

Earn \$25 gift card
Limit 2 per year.

Health Fair

Participate in the annual health fair.

Earn \$25 gift card
Limit 1 per year.

Personal Goal

Have a personal goal you would like to achieve but need some encouragement? Example: Lose weight, quit smoking, do a 40 mile mountain bike ride, etc. Submit your wellness request and we will figure out a plan and a payment together.

Complete Wellness Request Form

Documentation, Receipts, Logs and Sign Up

Employees will need to plan accordingly to receive the maximum benefit. Please be aware that this is a "use it or lose it" benefit, and hours must be used in the year following when they earned it. Hours earned for Wellness from must be used by December 31st of the same year.

Documentation Needed:

- ✚ For routine annual exams and the annual health fair, attach a copy of the actual receipt showing date of service.
- ✚ For documentation of personal fitness hours, employees must submit some type of log that documents daily activity from either the Lamar Community Building Recreation Center, LCC Wellness Center, etc.
- ✚ For participation in a race, employees will need to show their racing bib number and final results showing you completed the race.



I, _____ (print name) hereby state that I want to participate in the City of Lamar Wellness Program. I will collect the necessary documentation, logs and follow the rules listed in the packet to participate in the program.

Signature

Date

Printed Name _____

Department _____

Contact Information: _____

City of Lamar
Employee Wellness Request Form

Instructions:

1. Completely fill out the form. Be sure to include your name and department. List the specific wellness activity/activities in which you wish to participate and need assistance.
2. Include any remarks.
3. Sign the form, have your immediate supervisor sign the form, and be sure to make a copy for your records.
4. Return the form to Wellness Committee Chair, Margaret Saldaña, Human Resources

Employee:	Department:
Request Amount:	

I am requesting financial support to participate in the following wellness activity. I believe the activity supports the mission and purpose of the City of Lamar Employee Wellness Initiatives.

<u>Wellness Activity & Location</u>	<u>Time(s) of Activity</u>	<u>Day(s) of Activity</u>

Remarks and Request

By my signature, I hereby affirm to the City of Lamar that the statements I have made on this form are true; and if any statement is discovered to be untrue, I may be disciplined up to and including termination of employment.

Signatures:

Employee

Supervisor

Approved on (date): _____

Wellness Chair: _____

Advisory Member: _____