

INDIAN AFFAIRS DIRECTIVES TRANSMITTAL SHEET

(modified DI-416)

DOCUMENT IDENTIFICATION NUMBER 28 IAM 790	SUBJECT Fitness Membership Fee Reimbursement Program	RELEASE NUMBER 09-36
FOR FURTHER INFORMATION Office of Human Capital Management		DATE 01/06/10

EXPLANATION OF MATERIAL TRANSMITTED:

This policy replaces National Policy Memorandum NPM-HR-1A2, issued April 18, 2008 regarding the Indian Affairs Fitness Membership Fee Reimbursement Program, and incorporates the program into the Indian Affairs Manual, adding BIE employees to the policy. Fitness programs are widely recognized as having a positive impact on employee health, affecting performance and productivity. It is in the best interest of Indian Affairs to assist employees in achieving and maintaining good health by providing this program.



Grayford Payne
Acting Deputy Assistant Secretary – Indian Affairs (Management)

FILING INSTRUCTIONS:

Remove: NPM-HR-8, 4/18/08

Insert: 28 IAM 790 (New)

INDIAN AFFAIRS MANUAL

- 1.1 Purpose.** The purpose of this chapter is to establish Indian Affairs (IA) policy for a Fitness Membership Fee reimbursement program for Indian Affairs employees.
- 1.2 Scope.** This policy applies to all employees of the Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), and under the Assistant Secretary - Indians Affairs (AS-IA).
- 1.3 Policy.** Fitness programs are widely recognized as having a positive impact on employee health as it affects performance and productivity. It is in the best interest of Indian Affairs to assist employees in achieving and maintaining good health by providing this program.

To promote employee physical and mental fitness, Central Office Directors and Deputy Directors, and Regional Directors are authorized to reimburse employees up to 50 percent (50%) of an individual membership fee for a commercial, non-federally sponsored fitness center, not to exceed \$275 annually. A lesser amount may be considered should local budget constraints be a concern. Such arrangements should be entered into on a continuing basis only where: (1) all other resources have been considered and rejected, and (2) employee use of the program will be carefully monitored as part of a bona fide program relating to health.

If this program is locally adopted, the Central Office Directors, Deputy Directors, Associate Deputy Directors, and Regional Directors are responsible for development of an offset payment program within their scope of authority. The program must apply to the entire workforce with equal consideration. At the end of each fiscal year, and no later than October 31, participating Central Office Directors and Deputy Directors, and Regional Directors will provide a summary report to the Director, Office of Human Capital Management on the number of program participants and cost.

Funding for a fitness membership fee reimbursement program is the local responsibility of each Central Office Director and Deputy Director, and Regional Directors, and should be set up in a way that facilitates annual program reporting.

1.4 Authority.

- A. Title 5, United States Code (U.S.C) 7901
- B. Comptroller General Decisions B218840 and B240371

1.5 Employee Eligibility. Eligibility for the program is limited to permanent full and part-time employees, and employees on a one year or more appointment. Participation is voluntary. To be eligible for reimbursement, an employee must agree through self-certification to participate in fitness activities for an average of at least twice-per-week for at least ½ hour per visit. The Central Office Directors and Deputy Directors, and Regional Directors must limit the use of this program if exercise facilities and equipment are already being provided at the workplace.

1.6 Selection of Commercial Physical Fitness Facilities. Employees should select fitness facilities that include a full complement of exercise equipment and programs for cardiovascular and body strengthening. The fitness facilities must be non-segregated wherein membership and use are not restricted by sex, race, national origin, color, religion, age, disability or sexual orientation.

1.7 Exclusions.

- A. IA will not reimburse initiation fees.
- B. Employees or organizations must not use the government charge card to pay for the fitness program.
- C. Recreational activities such as baseball, softball, basketball, bowling, golf, tennis, volleyball, etc. are not approved fitness activities for which IA will make reimbursement. Additionally, weight loss programs, stress management programs, blood pressure testing, cholesterol screening, smoking cessation, substance abuse counseling, or other similar programs do not qualify for reimbursement under the Fitness Membership Fee reimbursement program.

1.8 Individual Employee Contract: Employees who elect to participate in the program will individually contract for access to a private fitness center's exercise facilities. If the facilities meet the requirements identified above, employees will be reimbursed up to 50 percent (50%) of an individual membership fee, not to exceed \$275 per year or less, depending upon local budget constraints.

1.9 Waiver and Informed Consent Statement: Prior to initial participation, and each year thereafter, the employee must sign a Waiver and Informed Consent Statement (Appendix 1 to this chapter). The original document is provided to the approving official, who will maintain on file. Once approved, the employee receives a copy of the Waiver Statement.

1.10 Procedure: Employees interested in participating in the program are encouraged to get a medical examination prior to engaging in the fitness program. The employee is financially responsible for the medical examination.

IA will reimburse membership fees annually, **after** the end of the year for which the membership fees were paid. Employees who pay on a monthly or quarterly basis may submit multiple receipts (covering the previous year) at the time of the annual submission.

If an employee has a family membership, the employee must provide documentation of the cost for an individual membership. The 50 percent (50%) reimbursement is based on the individual membership. Proof of payment for membership fees must be provided before employee can receive reimbursement.

To obtain reimbursement, employees must submit the following documents with supervisory approval to the respective finance office between January 1 and January 31:

- A. Copy of contract or other documentation that provides the cost of an individual, annual membership at the fitness facility.
- B. Paid invoice(s) or other proof of payment for individual membership fee.
- C. The Report of Taxable Fringe Benefit (Fitness Membership Fee Reimbursement)* (Appendix 2)
- D. Fitness Membership Fee Reimbursement Program, Self-Certification of Usage (Appendix 3)

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Send completed documents to:

BIA Employees:

Bureau of Indian Affairs
Division of Fiscal Services
2051 Mercator Drive
Reston, VA 20191

AS - IA Employees:

DOI/NBC
7301 W. Mansfield Avenue
MS D2777
Denver, CO 80235

BIE Employees:

Bureau of Indian Education
Division of Administration
Attention: Lynette Torivio
1001 Indian School Road NW, Room 219A
Albuquerque, NM 87104

- 1.11 Termination of Participation:** An employee may terminate program participation at any time by informing the supervisor in writing of the desire to do so. An employee is reimbursed only for the number of months he/she actually participated in fitness activities. For example, an employee who pays a membership fee in advance for a 1-year period and terminates participation in this program after 1 month will receive appropriate reimbursement based on 1/12 of the annual fee paid.
- 1.12 Time and Attendance:** Only law enforcement officers and firefighters are authorized to use official time for fitness activities in accordance with current policies, due to the physical and rigorous job-related requirements. Other employees may seek advance approval to use accrued credit time, compensatory time off, or annual leave to participate in a fitness program. Supervisors are encouraged to cooperate with employees to adjust their work schedules, including lunch periods, to facilitate use of nearby fitness facilities.
- 1.13 Labor Relations Obligations:** All bargaining obligations under the collective bargaining agreement will be met prior to implementing fitness membership fee reimbursement.
- 1.14 Tax Liability:** Program cost-share reimbursement is made through the Federal Personnel and Payroll System (FPPS) and is included in an employee's salary payment. The amount reimbursed is a taxable benefit reported as taxable income to the Internal Revenue Service and is subject to Federal, FICA, Medicare, State, and local taxes.
- 1.15 Budget Impact:** The cost of this program is to be absorbed by each Central Office Director Deputy Director, Associate Deputy and Regional Director within the set dollar limit for each employee.
- 1.16 Responsibilities.**
- A. The Deputy Assistant Secretary – Management** is responsible for administering this policy in the Assistant Secretary – Indian Affairs, the Bureau of Indian Education, and the Bureau of Indian Affairs.

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Fitness Membership Fee Reimbursement

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B. Central Office Directors, Deputy Directors, Associate Deputy Directors and Regional Directors are responsible for providing summary reports after each fiscal year to the Director, Office of Human Capital Management on the number of program participants and costs; for maintaining original signature documents of employees participating in the program.

C. The Office of Human Resources is responsible for providing information and guidance to supervisors, and managers.

Appendix 1

**Indian Affairs
Fitness Membership Fee Reimbursement Program**

Informed Consent and Waiver Form

I wish to participate in the Indian Affairs Fitness Membership Fee Reimbursement Program. I agree to abide by the Indian Affairs rules and regulations, including the Fitness Membership Fee Reimbursement Policy, and understand that violation of the rules or policy will result in withdrawal of the taxable reimbursement available to me.

I realize that there are dangers wherever one is engaged in physical activity. I accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of my participation in my fitness program.

I hereby release and hold harmless from any liability whatsoever the Bureau of Indian Affairs, the Bureau of Indian Education, the Assistant Secretary – Indian Affairs, or the Department of the Interior, as well as its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a fitness program and that I am financially responsible for that medical examination.

I certify that I have read the contents of this Waiver and Consent Form; that I understand its contents; and that I agree to the above terms and conditions.

Employee Name (PRINT): _____

Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

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Appendix 2

**Indian Affairs
Fitness Membership Fee Reimbursement Program**

Date: _____

To [For BIA employees] OCFO - Fiscal Services Division
2051 Mercator Drive
Reston, VA 20191

[For BIE employees] Bureau of Indian Education
Division of Administration
Attention: Lynette Torivio
1001 Indian School Road NW, Room 219A
Albuquerque, NM 87104

[For AS-IA Employees] DOI/NBC
7301 W. Mansfield Avenue, MS D2777
Denver, CO 80235

From: [Employee Name (PRINT)]

Subject: Report of Taxable Fringe Benefit (Fitness Membership Fee Reimbursement)

Employee Name: _____

Employee SSN: _____

Department: IN Bureau, Regional/Central Office: _____

Amount of Entitlement: \$ _____ **(Up to 50% of annual membership fee;
not to exceed \$275 per year)**

Accounting Classification: _____

Membership Period: _____

Approving Official Signature: _____

Date: _____

Approving Official Telephone Number _____

Appendix 3

**Indian Affairs
Fitness Membership Fee Reimbursement Program**

Self-Certification of Usage

I certify that I have engaged in fitness activities - at the center for which I am seeking membership fee reimbursement - on an average of two times per week for at least ½ hour per visit for the period for which I am seeking reimbursement.

I understand that failure to engage in fitness activities at my center, at least two times per week for at least ½ hour per visit, for the reimbursement period disqualifies me from receiving reimbursement for my membership fees.

I also understand that falsely certifying Fitness Center use will lead to my immediate removal from participation in the IA Fitness Membership Fee Reimbursement Program, without reimbursement for expenses already incurred, and may result in disciplinary action.

Employee Name (PRINT): _____

Fitness Center: _____

Signature: _____ **Date:** _____