



**Barbers Hill Independent School District
Wellness Program**

**Eagle Pointe Recreation Center
District Registration Form**

**Annual District Contribution for Participating:
\$180.00**

Employee Name (Printed)	Date
Campus or Department	Current Position

Please check one of the following: (Note: Family includes spouse and dependents 24 and under)

- | | |
|--|--|
| New Member – Individual <input type="checkbox"/> | Current Member – Individual <input type="checkbox"/> |
| New Member – Couple <input type="checkbox"/> | Current Member – Family <input type="checkbox"/> |
| New Member – Family <input type="checkbox"/> | |

Information for New BHISD Members:

The BHISD Wellness Program annual cost of an Individual Membership is \$360.00, and this will be billed to the District. The district will pay the entire \$360.00 to Eagle Pointe, and will recoup the employee’s portion of \$180.00 through payroll deduction. The deduction of \$7.50 per pay period will begin on the 15th of the month following the execution date of the Employee Participation Agreement included in this District Registration Form.

The BHISD Wellness Program annual cost of a Couple Membership is \$516.00. The first 360.00 will be treated as Individual Membership listed above. The final \$156.00 must be paid by the employee directly to Eagle Pointe Recreation Center. Eagle Pointe will bill the employee on the first of the month following the date of membership. If the employee chooses to pay Eagle Pointe in 12 monthly installments, the cost will increase slightly to \$14.00 per month.

The BHISD Wellness Program annual cost of a Family Membership is \$588.00. The first \$360.00 will be treated as the Individual Membership listed above. The final \$228.00 must be paid by the employee directly to Eagle Pointe Recreation Center. Eagle Pointe will bill the employee on the first of the month following the date of membership. If the employee chooses to pay Eagle Pointe in 12 monthly installments, the cost will increase slightly to \$20.00 per month.

(over)

Employee Participation Agreement
Eagle Pointe Recreation Center

Please initial after each statement and sign and date at the bottom of the form.

RETURN FORM TO: Kimberly Flores @ BHISD Admin Bldg.

Registration Instructions: Complete this form and return to Kimberly Flores @BHISD Admin Bldg. Upon receipt of the completed form, Kimberly Flores will email you a letter, with your BHISD member number, to take to Eagle Pointe to complete the registration process. **DO NOT** take this form to Eagle Pointe. Thank you.

_____ I understand that BHISD will pay \$180.00 of the annual membership fee on my behalf provided through the Employee Wellness Program.

_____ I hereby authorize BHISD to withhold \$7.50 per pay period for my \$180.00 portion of the membership fee which has been paid by BHISD in advance of my behalf. If my employment with BHISD ends, for any reason, during my Eagle Pointe membership year, I hereby authorize BHISD to deduct from my final paycheck all pro-rated membership fees that have been paid by the District to Eagle Pointe in advance on my behalf.

_____ I understand that this agreement cannot be cancelled during my membership year.

_____ If, I choose a Couple's Membership, I understand that I am responsible to pay Eagle Pointe directly for the additional \$156.00 cost.

_____ If, I choose a Family Membership, I understand that I am responsible to pay Eagle Pointe directly for the additional \$228.00 cost.

_____ I understand that this is a taxable Employee Benefit through the BHISD Wellness Program and any applicable taxes on the \$180.00 benefit will be withheld.

_____ I understand that participation is optional and that BHISD is not responsible for any illness, accident, or injury that may result from my participation in this program.

_____ I understand that the \$7.50 per-pay-period payroll deduction will begin on the 15th of the month following the date recorded below.

For office use only:

Membership number: _____

Date received: _____