



Fitness Incentive Program

Plan Administrator:
Northern School District Trust
(N.S.D.T)

Contact Info:
Joanne Long, Business Manager
joannel@cesa12.org

Obesity and related chronic illnesses significantly affect worker productivity and health care costs. A healthier workforce is a more productive workforce. Adults exercising three or more time per week are healthier, enjoy a better quality of life, and go to the doctor less often.

Benefits of Regular Physical Activity include:

- Improvement of Mood
- Combats Chronic Disease
- Helps Manage Weight
- Strengthens Your Heart and Lungs
- Promotes Better Sleep

How to Participate in the Program

1. Join a health club and ask them to track your attendance on a monthly basis. (Attendance Form Attached).
2. Go to the health club at least 12 days per month (only one workout per day counts).
3. Submit your monthly/quarterly attendance sheets to N.S.D.T. by the 15th day of the next month.
 - Attendance sheets must be signed by a health club employee.

Reimbursement:

- Reimbursement will be made by N.S.D.T. for each month that your attendance was 12 or more days.
- Reimbursement will be up to \$20 per person, with a Maximum Reimbursement of \$40 per family.

Eligibility:

- ONLY staff members enrolled in Health Insurance through the School District of Ashland are eligible.
- Staff members must attend the health club/gym at least 12 days in a month to be eligible

Taxability of Health Plan Issued Incentives:

According to the Federal Government and Internal Revenue Service, Wellness Incentives are classified as a fringe benefit. Incentive payments for Wellness and Health Club Memberships made in 2014 and forward are treated as taxable income and reported on the employee W-2 as income and are subject to payroll taxes. You will see withholdings for all incentives issued in the calendar year reflected on your December pay stub. **This will include incentives issued to your eligible family members.** Withholding will include Social Security and Medicare and may include withholding for federal and state taxes, depending on the number of exemptions you claimed on your W-4. If you are retired and not receiving a W-2 from the employer sponsored health plan, it is your responsibility to report this income if applicable. You should consult with your tax advisor.



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Attendance Record Form

Plan Administrator:

Northern School District Trust (N.S.D.T)

Deliver Form to:

Email: joannel@cesa12.org

Mailing Address:

Joanne Long, Business Manager
 400 Lakeshore Drive East
 Ashland, WI 54806

Participant Name: _____ School District of Ashland

Participant Address: _____

Health Club: _____ Month: _____

Check off the boxes below to indicate days of the month the participant attended the health club/gym

<input type="checkbox"/>	1	<input type="checkbox"/>	6	<input type="checkbox"/>	11	<input type="checkbox"/>	16	<input type="checkbox"/>	21	<input type="checkbox"/>	26	<input type="checkbox"/>	31
<input type="checkbox"/>	2	<input type="checkbox"/>	7	<input type="checkbox"/>	12	<input type="checkbox"/>	17	<input type="checkbox"/>	22	<input type="checkbox"/>	27		
<input type="checkbox"/>	3	<input type="checkbox"/>	8	<input type="checkbox"/>	13	<input type="checkbox"/>	18	<input type="checkbox"/>	23	<input type="checkbox"/>	28		
<input type="checkbox"/>	4	<input type="checkbox"/>	9	<input type="checkbox"/>	14	<input type="checkbox"/>	19	<input type="checkbox"/>	24	<input type="checkbox"/>	29		
<input type="checkbox"/>	5	<input type="checkbox"/>	10	<input type="checkbox"/>	15	<input type="checkbox"/>	20	<input type="checkbox"/>	25	<input type="checkbox"/>	30		

Totals Days in Attendance for the Month: _____

Participant Signature: _____

Health Club Representative Signature: _____

*Form must be delivered to the address/email address shown above, by the 15th day following the month indicated on the form.

Example: If the month indicated at the top of the form is January, the form is due to N.S.D.T. by February 15th.