



Policy No.: A-26	Section: Administration	Page #1 of 5
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Title:	Health and Wellness Account
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Purpose: The Town of Smoky Lake is committed to providing a healthy and positive workplace by creating an environment that values health and wellness. Creating a healthy workplace leads to improved satisfaction and morale which in turn contributes to a healthy and effective organization.

Procedure

Permanent full-time employees are entitled to funds up to a maximum of \$300.00 (excluding GST) per calendar year. This amount is prorated for permanent full-time employees that begin employment during the year.

Seasonal employees with an expected employment term of 6 months or more and Councillors will be entitled to funds up to a maximum of \$150.00 (excluding GST). Seasonal employees with an expected employment term of less than 6 months will not be eligible for the Health and Wellness Account.

Guidelines

1. Eligibility

The Health and Wellness Account is available from January 1 to December 31 of each fiscal year. Employees are eligible to claim expenses to be reimbursed after 3 months of employment and are encouraged to use it locally.

Employees may carry forward credits for one additional calendar year. However, if an employee chooses not to use the Health and Wellness Account, or any portion of it, unused funds will lapse at the end of the second calendar year and will be considered expired. For example, credits earned in 2021 would need to be used by December 2022. The program is not considered mandatory.

The credits will not be paid out in any circumstances, and any unused credits expire upon the termination of employment.

2. Tax Implications

The Health and Wellness Account is a **taxable benefit**, and all reimbursed expenditures will be considered as a taxable benefit payment. Taxable benefits will be listed on the employee's T4.

3. Examples of Eligible Expenditures:

3.1 Physical Activity and Fitness

- Fitness memberships, personal trainers/fitness consultations
- Classes/lessons/passes for swimming, skating, skiing golfing, etc.
- Membership/league fees for sports such as curling, hockey, softball, etc.
- Equipment/accessories for any physical activity or sport – golf clubs, squash racquet, soccer ball, tennis racquet, skates, hiking or running shoes, etc.
- Exercise equipment – treadmill, elliptical, bicycle, home gym, weights, etc.

3.2 Stress Management

- Instructional session fees for activities such as yoga, tai chi, dance, meditation/relaxation, self-defense, martial arts, etc.

3.3 Healthy Eating

- Weight management program membership/fees (Weight Watchers, etc.)
- Nutrition counselling
- Cooking classes

3.4 Lifestyle and Personal Development

- Smoking cessation
- Personal interest courses, self-help books

3.5 Leisure Activities

- Registration for classes such as pottery, crafts, photography, woodworking, music lessons, etc.

4. Examples of Ineligible Expenditures:

To ensure accountability for the use of public funds, purchases not eligible for reimbursement include:

- Services provided by immediate family members
- Services/products that are eligible under the Provincial Health Care or Extended Health Care
- Clothing (except athletic footwear)
- Clubs where singular focus is not on physical activity
- Vitamins, supplements, nutrition replacement, etc.

- Supplies for general interest courses or hobbies
- Firearms/weapons

5. Wellness Account Submission Guidelines

- 5.1 Employees are encouraged to choose local wellness if possible within the Smoky Lake Region (Smoky Lake County, Town of Smoky Lake, Village of Waskatenau, Village of Vilna) examples include Smoky Lake and Vilna Golf Clubs, Waskatenau VTAS Fitness Centre, and Vilna Veselka Ukrainian Dance Club.
- 5.2 The employee must complete the Health and Wellness Account Claim form attached as Schedule "A" and will be required to submit the original receipt(s) to the Chief Administrative Officer for processing. The Chief Administrative Officer will initial the original receipt, take a photocopy for submission, and return to the employee.
- 5.3 All ORIGINAL receipts are to be qualified for vendor or service provider, indicating that the service provider has been PAID in full, and must indicate that the services were purchased by and for the employee of the Town of Smoky Lake.
- 5.4 Clarification of expenses eligible for reimbursement prior to purchase should be directed to the Chief Administrative Officer.
- 5.5 The employee may continue to submit claims until the annual maximum prorated amount or maximum of \$300 is used.
- 5.6 The employee must submit claims two weeks prior to December 31 to allow for processing in the current fiscal year.
- 5.7 If an item is returned, the funds retrieved must be returned to the Town. The Health and Wellness Account will be credited accordingly.
- 5.8 Any special requests will be subject to final approval from the Chief Administrative Officer.



Schedule "A"
Health and Wellness Account
Claim Form

CLAIM FORM	
Last Name: _____	First Name: _____
Department: _____	
Position Type: Permanent: <input type="checkbox"/> Seasonal: <input type="checkbox"/> Council: <input type="checkbox"/>	
Name of Wellness Item(s)	Name of Store or Instructor Where Wellness Item Was Purchased
a) _____	_____
b) _____	_____
Date of Wellness Item Purchased	***ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM***
Wellness Category (Note: If you are unsure if an item is eligible under the Wellness Account, please speak to Human Resources before making your purchase.)	<input type="checkbox"/> Physical Activity & Fitness <input type="checkbox"/> Stress Management <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Lifestyle & Personal Development <input type="checkbox"/> Leisure Activities
<p><i>The above service, product or instructional course has been purchased for myself, under the Wellness Account. All ORIGINAL receipts are from a qualified vendor or service provider, indicating that the <u>service provider</u> has been <u>PAID</u> in full.</i></p>	
_____ <i>Signature of Employee</i>	_____ <i>Date</i>
Application: Approved / Declined	
_____ Chief Administrative Officer	_____ Date

	DATE	RESOLUTION NUMBER
Approved	July 20, 2021	MOTION: 493-2021
Amended	August 22, 2022	MOTION: 618-2022
Amended		

Original Signed

Amy Cherniwchan
Mayor

Original Signed

Crystal Letwin
Interim Chief Administrative Officer