



# United States Department of the Interior

OFFICE OF THE SECRETARY  
Washington, D.C. 20240



## National Policy Memorandum

### Office of the Assistant Secretary – Indian Affairs Office of Human Resources

**Number: NPM-HR-1**

**Title: Fitness Membership Fee Reimbursement Program**

**Effective: 1/21/05**

**Expires: 1/21/06**

#### 1. Purpose

The purpose of this National Policy Memorandum is to establish Indian Affairs (IA) policy for a fitness membership fee reimbursement program for Indian Affairs employees.

#### 2. Scope

This policy applies to all employees of the Bureau of Indian Affairs and the Assistant Secretary – Indians Affairs.

#### 3. Policy

Fitness programs are widely recognized as having a positive impact on employee health as it affects performance and productivity. Therefore, it is in the best interest of Indian Affairs to assist employees in achieving and maintaining good health by providing this program.

**Objective.** In order to promote employee physical and mental fitness, Regional Directors and Central Office Directors and Deputy Directors are authorized to reimburse employees up to 50 percent 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 preventative program relating to health.

If this program is locally adopted, the Regional Directors and Central Office Directors and Deputy 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 Regional Directors and Central Office Directors and Deputy Directors will provide a summary report to the Director, Office of Human Resources on the number of program participants and cost.

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

**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 Regional Directors and Central Office Directors and Deputy Directors must consider limiting the use of this program if exercise facilities and equipment are already being provided at the workplace.

**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.

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 fee membership reimbursement program.

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.

**Individual Employee Contract:** Employees who elect to participate in the program 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 of an individual membership fee, not to exceed \$275 per year or less, depending upon local budget constraints.

**Waiver and Informed Consent Statement:** Prior to initial participation, and each year thereafter, the employee must sign a Waiver and Informed Consent Statement (Attachment 1). The employee receives a copy of the Waiver Statement and the original copy is maintained on file with the approving official.

**Procedures:** 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 not reimburse initiation fees. If an employee has a family membership, the employee must provide documentation of the cost for an individual membership. The 50 percent reimbursement is based on the individual membership. Proof of payment for membership fees must be provided before employee can receive reimbursement.

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. To obtain reimbursement for the previous year's membership fees, the employee must provide the required documents, with supervisory approval to the appropriate finance office between January 1 and January 31. This ensures the Taxable Fringe Benefit form submitted to Payroll operations is correct, and that reimbursements do not exceed the annual maximum. Employees or organizations must not use the government Bank of America charge card to pay for the fitness program.

To obtain reimbursement, employees must submit the following documents:

- Copy of contract or other documentation that provides information on the cost of an individual, annual membership at the fitness facility.
- Paid invoice(s) or other proof of payment for individual membership fees.
- The Report of Taxable Fringe Benefit (Fitness Center Reimbursement Fees) (Attachment 2)

Fitness Membership Fee Reimbursement Program, Self-Certification of Usage (Attachment 3)

Forward completed documents between January 1 and January 31 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

**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.

**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 only 1/12 of the annual fee paid.

**Time and Attendance:** Because of the physical and rigorous job related requirement, only law enforcement officers and firefighters are authorized to use official time for fitness activities in accordance with current policies. 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 who desire to adjust their work schedule, to include their lunch period, to facilities the use of nearby fitness facilities.

**Labor Relations Obligations:** All bargaining obligations under the collective bargaining agreement will be met prior to implementing the fitness membership fee reimbursement program.

**Timeframe:** This policy will become effective on the date of approval and will remain in effect for one year. After one year, the policy will be reviewed for relevance and be revised, rescinded, or incorporated into the Indian Affairs Manual.

**Budget Impact:** The cost of this program is to be absorbed by each Regional Director and Central Office Director and Deputy Director within the set dollar limit for each employee.

**4. Approval**

\_\_\_\_\_/sgd/  
Debbie Clark  
Deputy Assistant Secretary - Management

\_\_\_\_\_  
1/21/05  
Date

**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 and understand that violation of the rules 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 therefore 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 / 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, understand its contents, and agree to the above terms and conditions.

Employee Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Indian Affairs  
Fitness Membership Fee Reimbursement Program**

Date: \_\_\_\_\_

Memorandum

To:	For BIA Employees -	BIA/Division of Fiscal Services 2051 Mercator Drive Reston, VA 20191
	For ASIA Employees -	DOI/NBC 7301 W. Mansfield Avenue, MS D2777 Denver, CO 80235

From:

Subject: Report of Taxable Fringe Benefit (Fitness Center Reimbursement Fees)

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: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Indian Affairs  
Fitness Membership Fee Reimbursement Program  
Self-Certification of Usage**

I certify that I have engaged in fitness activities at the center in 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 my 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 usage will lead to my immediate removal from participation in the IA Fitness Membership Fee Reimbursement Program with reimbursement for any expenses already incurred, and could result in appropriate disciplinary action.

Print Name: \_\_\_\_\_

Fitness Center: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_