

# NY/NE Regional Work & Family HEALTH AND WELLNESS PROGRAM



verizon<sup>✓</sup>



Health & Wellness



## Healthy Weight Management

Take an active role in your health by maintaining a healthy weight and choosing behaviors that reduce your risk for chronic disease.

Convenient, affordable weight management programs based on healthful eating, physical activity and behavior modification are available to you and your eligible family members, to support your weight-loss and weight management efforts.

These programs are offered to Verizon Employees at a discounted rate.



Whether you want to follow the Weight Watchers step-by-step online program or attend a meeting, the collaboration of Verizon and Weight Watchers makes it easy for you to get started with your weight loss efforts today.

The Weight Watchers program focuses on healthful eating, physical activity and behavior modifications to help you lose and manage your weight.

To learn more about the great premium offers that come bundled with discounted local meeting vouchers or to purchase an [At-Home Kit](#) Corporate edition, call 866-896-9555.



Achieve your weight-loss and weight-management goals with Jenny Craig. Through the Jenny Craig program you have the choice to get a consultant, pick a program, eat well and move more.

Discounts include:

- Free 30-day program
- 50% off a full-price On Track (gold or platinum) Membership
- 20% off Jenny Rewards
- 20% off the cost of food

Visit [Jenny Craig](#) for additional information on available discounts.



You and your family have access to the nation's leading provider of healthy living benefits through GlobalFit.

Contact Global Fit at 1-800-294-1500 or visit [GlobalFit](#) to find a convenient, affordable health club near you.

### Verizon Health Zone (from the EWEB)

The [WebMD Digital Health Assistant](#) is designed to help you improve your health. The plans work because they are simple, interactive, and personalized to your choices.

You can choose to achieve your goals in one or more of the following areas:

- Weight loss
- Quitting tobacco
- Nutrition
- Exercise
- Stress management
- Emotional health

\*\*\*\*Visit the VERIZON EWEB for more health and wellness advice and support information\*\*\*\*

The New York New England CWA/ IBEW 2213 Work and Family Committee recognize that your health is important. Regular exercise and weight management have been shown to improve fitness, reduce stress and fight obesity.

## **Enrollment Guidelines**

All NY/NE CWA/ IBEW 2213, NY/NE Service Company employees or Verizon NY/NE management employees

This is a pilot program; eligibility for enrollment ends when allocated funds are depleted. All employees will be eligible for up to sixty (\$60) dollars reimbursement for costs incurred from **June 1<sup>st</sup> 2018 to November 30<sup>th</sup> 2018**. Employees can newly enroll or already be enrolled in a Health and Wellness program to be eligible for reimbursement. The reimbursement received will only be from the time period from **June 1<sup>st</sup> 2018 to November 30<sup>th</sup> 2018**.

- Download an enrollment application at [www.regionalwfrc.com](http://www.regionalwfrc.com) located under the NY/NE HEALTH AND WELLNESS PROGRAM page.
- Attach a copy of the signed Health and Wellness/Gym-Fitness membership agreement ( Agreement must indicate the billing party and employees name) to your enrollment application and mail via U.S. Mail to:

**NY/NE Regional Work & Family Committee c/o Fund Administrator Beverly Steele  
120 Hicksville Road, Room 200-A  
Massapequa N.Y. 11758**

- Fitness and Wellness Membership is for **EMPLOYEE ONLY**
- Employees are eligible to participate in the DCRF, Pendant and Health and Wellness programs at the same time
- Reimbursement submissions must be post marked on or before **11/30/18**
- All FITNESS AND WELLNESS reimbursements received from this program are **taxable**
- Employees will receive reimbursement for 2018 usage in their January 25<sup>th</sup> 2019 paycheck

In addition to the Health and Wellness Program; employees are encouraged to login to the Verizon EWEB home page. Go to the About You section and navigate to the Health/Well-Connect section. Under the **Well- Connect** section you will find many resources to help with weight management, eating healthy, fitness and exercise tips.

*The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and CWA/IBEW are neither responsible nor liable for any injuries or damages of any nature suffered as a result of the acts or omission of a provider of care in the operation of its business.*

*My eligibility for reimbursement terminates upon my termination of employment with Verizon*

*Verizon and CWA/IBEW retain the right to change eligibility requirements or amount of reimbursement as well as any other provision including discontinuance of the program at anytime.*

**\*\*\*\*Contact your Local Union Representative with any additional questions\*\*\*\***

**CWA/ IBEW 2213/ Verizon New York/New England Work and Family Committee**

**This is a Taxable Wellness Reimbursement Program**

Complete ALL information

Your application **WILL NOT BE PROCESSED** if any information is missing. Please print clearly

<b>Employee Name:</b>		
<b>Employee ID (found on paystub)</b>	<b>Enterprise ID(found on EWEB)</b>	
<b>Home Address:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		
<b>Work Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Choose 1:</b>	<input type="checkbox"/> <b>CWA Local</b> _____	<input type="checkbox"/> <b>IBEW 2213</b> <input type="checkbox"/> <b>Management</b>
<b>Type of Program:</b>	<input type="checkbox"/> <b>Fitness</b> <input type="checkbox"/> <b>Weight Management</b>	
<b>Fitness or Weight Management Providers Name:</b>		
<b>Providers Tax ID Number:</b>		
<b>Providers Address:</b>		
<b>Providers Phone Number:</b>		
<b>Cost of membership:</b>		
<b>Type of payment:</b> <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Drop-in</b> <input type="checkbox"/> <b>Other</b>		
<b>Membership is for:</b> <input type="checkbox"/> <b>Employee</b> <input type="checkbox"/> <b>Employee/ Family</b> <i>(family plan must be in employees name)</i>		
<b>Contract Effective Date:</b>		
<b>Contract Termination Date:</b>		
You <b>MUST</b> attach a copy of the original contract and detailed receipts. Only <b>originals</b> applications will be accepted.		
I, (Print Name) _____, request reimbursement for the eligible gym expenses listed above. My signature signifies I have read the criteria of the Health and Wellness/ Gym Membership Reimbursement Program and I agree to abide by them.		
<b>By signing and submitting application, I certify that the information that I have provided on this form is true and accurate. I further understand that supplying false information on this form may jeopardize my continued participation in the NY/NE Work &amp; Family Fund</b>		
<b>Employee Signature</b>		<b>Date:</b>

Send original form and receipts to:  
NY/NE Regional Work & Family Committee  
c/o Beverly Steele, Fund Administrator  
120 Hicksville Road, Room 200-A  
Massapequa N.Y. 11758