



BEFORE THE BOARD OF COLUMBIA COUNTY PUBLIC TRANSPORTATION

In the Matter of Adopting)

Resolution 2023-1

Resolution Authorizing Employee Wellness Program)

Columbia County Public Transportation hereinafter referred to as CCPT)

WHEREAS, CCPT desires to provide an opportunity for CCPT employees and families to be mentally and physically healthy; and

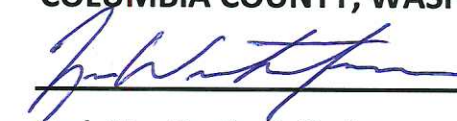
WHEREAS, the interest of CCPT employees and their families are varied; and

WHEREAS, CCPT has agreed to provide a contribution towards healthy programs and events in an effort to reduce overall medical costs and promote employee health care and physical fitness:

IT IS HEREBY RESOLVED BY THE COLUMBIA COUNTY TRANSPORTATION BOARD: that the "Wellness Agreement" be adopted by the Board as hereby attached.

PASSED AND ADOPTED by the Columbia County Public Transportation Board, State of Washington, on this 20th day of April 2023.

**BOARD OF COLUMBIA COUNTY
PUBLIC TRANSPORTATION,
COLUMBIA COUNTY, WASHINGTON**



Zach Weatherford, Chairman

Attested: 

David Ocampo, GM



**COLUMBIA COUNTY PUBLIC TRANSPORTATION AUTHORITY
507 W CAMERON ST. DAYTON, WA 99328**

SUBJECT: EMPLOYEE WELLNESS PROGRAM

SECTION: 5-FINANCIAL POLICIES

EFFECTIVE DATE: 4/20/23

APPROVED BY: CCPTA BOARD

APPROVAL DATE: 4/20/23

Columbia County Public Transportation Wellness Agreement Policy

April 2023

Agreement between Columbia County Public Transportation Authority, a Public Transportation agency in the State of Washington (hereinafter referred to as CCPTA), and CCPTA employees. CCPTA desires to provide an opportunity for CCPTA employees and families to be mentally and physically healthy, since the interests of CCPTA employees and their families are varied, CCPTA has agreed to provide a contribution towards healthy programs and events in an effort to reduce overall medical costs and promote employee health care and physical fitness.

In mutual consideration of the promises contained herein, the parties agree as follows:

DEFINITIONS: The term "CCPTA employee" (hereinafter the employee) and family member shall mean a person employed by CCPTA; his or her spouse, and his or her dependents as defined by the health insurance plan.

The term "provider" shall mean a commercial health care facility or fitness program whose primary business is promotion of good physical fitness and health, which facility or program, or the operators thereof, are authorized to do business in the State of Washington. Public and bona fide



nonprofit providers shall be construed as “providers” as the term is used herein. The term “provider” shall be construed to include the plural.

COMPENSATION: CCPTA shall contribute up to three hundred dollars (\$300.00) per calendar year to cover expenses incurred by activities as outlined in Appendix A. The contribution of three hundred dollars (\$300.00) is per family. Compensation shall not be made retroactive for programs entered into prior to signing this agreement. Compensation will not be made for the purchase of an individual’s athletic clothing or equipment. This reimbursement account is annual and there is no rolling over of funds to the following year.

METHOD OF PAYMENT: The employee shall submit proof of payment of provider fees for approval by CCPTA. The payment may be disapproved if it does not meet the objective of the wellness program. Please refer to Appendix A to verify if payment will be made. Reimbursement according to the compensation section of this agreement will be issued to the employee by check following submission of Columbia County Public Transportation Wellness Program Reimbursement form, see Appendix B, and the billing invoice or proof of payment.

WARRANTY: CCPTA, its officers and employees, do not warrant that any provider selected by the employee is competent and qualified to perform the service offered, nor is any equipment offered for use warranted to be merchantable, fit for its intended purpose, or free from defects. Payments under this agreement merely signify that the provider meets the terms and definitions of this agreement.

CCPTA is providing financial assistance to CCPTA employees, spouses, and dependents to allow them to participate in wellness-oriented activities and services, including, but not limited to, swimming, aerobics, weight training, and diet control. Neither CCPTA, nor its officers and employees, have recommended any particular provider nor have any representations been made regarding the qualifications or competence of any provider. CCPTA is recommending herein that the employee obtain a physical examination before participating in any activity or service and that I fully investigate the reputation and qualification of any service provider and

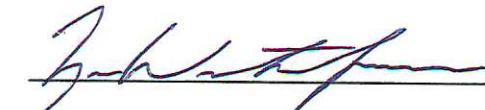


the fitness for use of all equipment made available by said provider before participating in the program offered by CCPTA. Participation in this program is voluntary and is not a condition of employment with CCPTA.

Employees are aware that risks are associated with participation in a wellness program, including, but not limited to: drowning, heart attack, broken bones, and tissue and organ injuries and, and in consideration of the right to participate in CCPTA's wellness program, employees hereby assume all risks associated with the participation in the program.

This is a **use or lose** benefit. If employee has not used **and submitted** for payment the full benefit amount by December 31st of each year, employee will lose the balance of the available benefit.

PASSED AND ADOPTED by the Board of Columbia County Public Transportation Authority, State of Washington, on this 20th day of April 2023.


Zac Weatherford, Chairman

04/20/2023
Date

Attested by,


David Ocampo, General Manager

4-20-23
Date



APPENDIX A

WELLNESS BENEFIT REIMBURSEMENT LIST

1. Sponsored Physical Exercise Event Entrance/Registration Fees
2. Gym/Aerobic Activity Organization Memberships
3. Exercise Classes
4. Swimming Passes
5. Mesotherapy
6. Acupuncture
7. Vitamins - not to include diet or appetite suppressant pills
8. Diet Program Registration Fees*- not to include food, diet pills/supplements
*Jenny Craig, Weight Watchers, Weight Watchers Online etc.
9. Annual Fee for NW Forest Pass/Discovery Pass



APPENDIX B

Columbia County Public Transportation Wellness Program Reimbursement Form

From: _____

Date: _____

Vendor: _____

Payable to: _____

Amount: \$ _____

Description of purchase: _____

Signature: _____

Approval: _____