

Leidos Biomedical Research, Inc. Health Club Membership Guidelines

Leidos Biomedical wants employees to be healthy!

The Leidos Biomedical Health Club membership was established and is intended to provide employees with the option to participate in similar activities that were once available to them at the gym on the Ft. Detrick campus. The Health Club definition, and activities which are reimbursable, are defined to meet this purpose. This definition also aligns with **FAR 31.205-13 Employee morale, health, welfare, food service, and dormitory costs and credit**, which permits “wellness/fitness centers” as an allowable contract cost.

AMOUNT OF BENEFIT

Leidos Biomedical will reimburse full and part time employees (temporary employees are not eligible) \$25 towards your initial sign-up fee and up to \$29 each month to help cover individual membership fees to a health club. Employees who join a health club or already belong to a health club are eligible. Only one signup fee will be paid per person. The employee will sign an individual agreement with the health club of their choice. Leidos Biomedical Research, Inc. will not be entering into any agreements or contracts with health club facilities.

VERIFICATION OF MEMBERSHIP

Prior to receiving the monthly membership allotment and signup fee, the employee must complete the attached “Leidos Biomedical Research, Inc. Health Club Membership Request Form” and provide verification that they have joined or already belong to a health club. The completed form and a copy of the contract/agreement from the health club must be provided to Monica Segreti, at segretim@mail.nih.gov. The document must indicate monthly membership cost, cost of signup fee and agreement termination date.

On January 1st of each year, the employee should provide documentation showing payments made to the health club for the prior year, providing evidence that they still have an active agreement.

Upon termination of the health club agreement, the employee should immediately notify Monica Segreti, at segretim@mail.nih.gov, so that the reimbursement is stopped. Delays in reporting could result in an obligation to return excess reimbursements to Leidos Biomedical. By signing the Leidos Biomedical Research, Inc. Health Club Membership Request Form, the employee authorizes the payroll organization to take a deduction from their pay for the amount of excess funds reimbursed and until the obligation to Leidos Biomedical Research, Inc. has been met.

If employment terminates with Leidos Biomedical Research, Inc., the employee will be personally responsible for the monthly membership cost owed to the health club.

PAYMENTS

The monthly membership cost and onetime signup fee will be reimbursed via the last paycheck of every month. Please note that the cost of health club memberships and signup fees are considered taxable income.

Leidos Biomedical Research, Inc. Health Club Membership Procedures

1. Read the “Leidos Biomedical Research, Inc. Health Club Membership Guidelines”.

2. Join the health club of your choice. A health club is a private club, place of business or commercial establishment whose main purpose is to provide a variety of health and wellness activities and equipment, having members pay a fee for the use of facilities and equipment. A facility dedicated to mainly one activity is not considered a “health club” under this benefit and not similar to the activities that were available at the gym at Fort Detrick. (i.e. a swim club, boxing club, yoga studio, karate dojo, fight club, etc.).
3. The membership must be for the individual employee.
4. Complete the “Leidos Biomedical Research, Inc. Health Club Membership Request Form”, sign the bottom, attach a copy of the contract/agreement from the health club, and send both to Monica Segreti at segretim@mail.nih.gov.
5. Once the appropriate documents noted above have been provided, the reimbursement will occur monthly in your paycheck. The first paycheck reimbursement will include the first month’s membership fee and the signup fee if applicable.
6. On January 1st of each year, and no later than January 31, the employee should provide documentation showing payments made to the health club for the prior year, providing evidence that they still have an active agreement. The preferred documentation to meet this requirement is a statement from the health club showing payment history for the prior year. If this is not available, the employee should contact Monica Segreti at segretim@mail.nih.gov to discuss alternatives. The employee may receive a courtesy email reminder to submit this information, but the responsibility resides with the employee to submit this.
7. Upon termination of the health club agreement, the employee should immediately notify Monica Segreti at segretim@mail.nih.gov, so that the reimbursement is stopped. Delays in reporting could result in an obligation to return excess reimbursements to Leidos Biomedical. By signing the Leidos Biomedical Research, Inc. Health Club Membership Request Form the employee authorizes the payroll organization to take a deduction from their pay for the amount of excess funds reimbursed and until the obligation to Leidos Biomedical Research, Inc. has been met.

The following activities are not eligible for reimbursement:

Fitness classes or lessons which run for a specified numbers of weeks – aerobics, zumba, yoga, dance, karate, swimming, etc.

Sports team participation fees or seasonal memberships – soccer, baseball, swimming, football, lacrosse, race fees (5K, marathon), etc.

Facilities dedicated to a single fitness activity – swim club, yoga studio, karate dojo, etc.

Weight loss programs – Weight Watchers, Jenny Craig, Nutrisystem, etc.

Personal Fitness Trainer or Nutrition Coach

Please address any questions with Monica Segreti at segretim@mail.nih.gov or (301) 846-1720.

Leidos Biomedical Research, Inc. Health Club Membership Request Form

Employee Name _____
(NOTE: Only full and part time employees are eligible; temporary employees not eligible)

Employee Number _____

Building/Office Number _____

Work Phone Number _____

Email Address _____

Health Club Name _____

Health Club Address _____

Monthly Membership Cost _____ Sign Up Fee _____

I have read the “Leidos Biomedical Research, Inc. Health Club Guidelines” and agree to abide by the associated procedures. Specifically, I understand that I must provide the following to Monica Segreti at segretim@mail.nih.gov.

- A completed, signed “Leidos Biomedical Research, Inc. Health Club Membership Request Form” (this form)
- A copy of the contract/agreement from the health club that I join or belong to. The document must state monthly membership cost, cost of signup fee and date of termination.

By signing below I agree to the above requirements. I also understand that upon termination of my health club agreement, I should immediately notify Monica Segreti at segretim@mail.nih.gov. Delays in reporting could result in an obligation to return excess reimbursements to Leidos Biomedical. If required, I authorize the payroll organization to take a deduction from my pay for the amount of excess funds reimbursed and until the obligation to Leidos Biomedical Research, Inc. has been met.

Signature _____

Date _____

Attach a copy of the contract/agreement from the health club to this form and send to Monica Segreti at segretim@mail.nih.gov agreement or by fax at (301) 451-5472. Please do not send annual verifications of payment history to this fax number. A different fax number will be provided for that purpose.