



10 South Eagleville Road
Storrs/Mansfield, CT 06268



Town of Mansfield, MBOE, & Region 19 Employee

Mansfield Community Center Fitness

Program Discount and Compliance Agreement

I understand/agree to the following:

1. I would like to participate in the Mansfield Employee Fitness program, and understand my participation in this program is completely voluntary and will be completed during non-work hours. I will address and work to improve my personal health risks that I am aware of or that are brought to my attention through the **Health Risk Assessment (“HRA”)** tool.
2. I understand that by participating in the Mansfield Employee Fitness Program, Be Well will contribute \$15.00 per month towards my resident rate individual membership at the Mansfield Community Center. The discount can apply to any length membership. I understand that in order to participate I must be a benefits-eligible employee of the Town of Mansfield, Mansfield Board of Education, Region 19, Eastern Highlands Health District, or Mansfield Downtown Partnership.
3. I will complete the HRA tool, available through the Be Well program, within one month of this agreement OR within 12 months of the last time I took the HRA tool, and understand that the HRA is an annual requirement.
4. I will utilize the Mansfield Community Center for fitness purposes (self-paced or scheduled programs & classes) **a minimum of 10 times each calendar month**. Failure to comply with the 10 visits per month and/or HRA requirements will result in my discount being revoked. *You can review the MCC membership rates by visiting their website at www.mansfieldct.gov/mcc.*
5. I understand that my attendance will be monitored. I understand that a member of the Be Well team may notify me if I haven't met my 10 visits for the previous month. After my first instance of non-compliance, I will have the next month to meet my visit requirements and maintain my fitness benefit.

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6. If I have a second instance of non-compliance (visits and/or HRA), my compliance agreement will be referred to Human Resources for a compliance review and termination of my fitness benefits.
7. I understand that I will make every effort to inform Be Well of any reasonable causes for not fulfilling my 10 visits per month. Reasonable causes that may be considered include, but are not limited to the following: approved FMLA absences, approved workers compensation absences, or other approved leaves of absences that extend beyond 2 weeks. Reasonable causes can be emailed to the Be Well team at cummingsb@mansfieldct.org.
8. I understand that if my benefit is revoked due to non-compliance, I am not eligible to re-enroll in the Be Well discount program for 12 months.
9. I understand that if requirements of the program change it is my responsibility to comply with the changes in order to keep my fitness benefits. I also understand that I will be required to complete a new agreement when program requirements or this form change.

It is my intention to fully participate in the Employee Fitness Program.

Employee Name (print): _____

Employee Email Address: _____

Worksite: _____ Employer: _____

Employee Signature: _____ Date: _____

**** Upon completion please drop this form off at the Mansfield Community Center**

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