



Employee Incentive Agreement

UF Health Fitness and Wellness Center in conjunction with the UF Health Benefits Department and the UF Health Wellness Council have initiated a pilot UF Health Employee Wellness Incentive Program for 2014. This is a one year program and will be assessed as to it’s effectiveness at the end of 2014 to determine if it will be renewed. The program allows Shands employees to utilize the UF Health Fitness and Wellness Center for a reduced rate.

This agreement is for the UF Health Fitness and Wellness Center Rewards Membership and UF Health Medical Fitness memberships. In order to participate in the Employee incentive program, you must:

- 1) commit to the Rewards Membership or Medical Fitness program for one year
- 2) have your membership fees deducted via Shands payroll deduction
- 3) Memberships will start on the 1st or 15th of each month only
- 4) Employee must attend 12 or more workout days each month. You can work out multiple times in a day, but it will only count for ONE workout on that day
- 5) If you have 12 or more workout days during the month, the monthly membership fee will be:
 - a. - **FREE** for the \$9.99 Rewards Membership
 - i. **Workout hours Monday-Friday 11am-3pm, 7pm-9pm, Saturday 7am-1pm**
 - b. - \$9.99 for the \$19.99 Rewards Membership
 - c. -\$65 for the 12 visit Medical Fitness Membership
 - i. 12 supervised visits, all other visits self-guided
 - d. -\$69 for the Unlimited Medical Fitness Membership
- 6) If you attend 11 visits or less during the month, the membership fee will be the normal monthly rate, \$45.
- 7) The total month’s fee will be deducted from your paycheck in one bill. I am not able to split this into two payments.
- 8) Medical Freeze available with a note from MD. Once cleared, time that was frozen will be added to the membership.
- 9) All new UF Health Fitness and Wellness Center Rewards Members have a one-time \$50 initiation fee.
- 10) Early termination fee is \$100

Name: _____ Signature _____

Shands ID # _____ Date _____

UF Health Fitness and Wellness Center Staff Signature _____ Date _____

Membership Start Date:	
<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th