

SUBJECT: WELLNESS PAY – (HOURLY, COMMISSIONED AND SALARIED NON-EXEMPT)		ORIGINATING DEPT: HUMAN RESOURCES	SECTION: TIME OFF
DATE ISSUED: 08-19-14	SUPERSEDES: 01-01-08	PAGES: 2	
INITIATED BY: Benefits		APPROVED BY: Human Resources / Legal	

I. POLICY/PURPOSE

It is the policy of the Company to grant Wellness Pay to eligible Associates for time spent away from work for annual wellness checkups for their own preventive care. Wellness Pay is designed for the Associate's income protection to encourage preventive care. This Policy outlines the pay available to various groups of Associates, and the eligibility requirements for that pay.

II. ASSOCIATES COVERED BY THE POLICY

All full-time non-union hourly, commissioned, and salaried non-exempt paid Associates of the Company who are enrolled in a company-sponsored medical, dental, or vision plan and who have completed at least one (1) year of employment at the time of their annual wellness exam are covered by this Policy. For those Associates whose terms and conditions of employment are covered by a Union collective-bargaining agreement, this Policy will be applied in accordance with any such agreement.

III. RESPONSIBILITY FOR ADMINISTRATION

The Executive Vice President Human Resources, Vice President Compensation/Benefits/HRIS and all levels of management are responsible for the administration of this Policy.

IV. PROCEDURES

(For employment status definitions, e.g.: full-time, see *General Wage & Hour Policy*).

1. **Wellness Pay Eligibility:** Upon completion of one (1) year of employment, Associates will be eligible for Wellness Pay if they are currently enrolled in one (1) of the Company-sponsored medical, dental, or vision plans. Wellness Pay is taken in hours up to a maximum annual

- allowance of three (3) hours and must be used to compensate associates for time scheduled away from work for their own preventive care.
2. **Certification of Annual Wellness Exam:** Associates must have the Certification of Annual Wellness Exam form (provided at the end of this Policy) completed by their physician's/dentist's/ophthalmologist's office at the time of their visit and submit the form to management in order to be paid for the time off. The time off for this preventive exam must be approved in advance by management.
 3. **Payment of Time Off:** Upon receipt of a completed Certification of Annual Wellness Exam (form # AWE08), management should complete Step 3 on the form, submit the time away from work up to three (3) hours using wage type 1109 - Well Pay, then place a copy of the form in the Associate's Medical/FMLA folder at the unit. Wellness Pay will not be counted as time worked in the calculation of overtime.
 4. **Wellness Time As An Occurrence:** Any paid Wellness time taken under this policy will not count as an "occurrence" under the Company's *Attendance Policy*.

Related Policies That May Require Coordination With This Policy:

POLICY

General Wage & Hour
Benefit Eligibility
Attendance

REFERENCE SECTION

Wage and Hour
Compensation and Benefits
Time Off

Certification of Annual Wellness Exam

Step 1.

To be completed by Attending Physician / Dentist / Ophthalmologist:

This certifies that: <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> (Patient's Name) visited me on _____ to have an annual wellness exam. (Date of office visit)
--

To be completed by Attending Physician / Dentist / Ophthalmologist:

Physician / Dentist / Ophthalmologist Name:
Physician / Dentist / Ophthalmologist Signature:
Physician / Dentist / Ophthalmologist Mailing Address and Telephone Number:

Step 2.

To be completed by the Associate:

This information is true and correct. I understand that any misrepresentation, false statement or omission of material facts may result in disciplinary action up to and including the termination of my employment.

Associate's Name	
Associate's Personnel #	
Associate's Signature	

Step 3.

Checklist to be completed by the Unit Manager:

To process up to three hours paid time off, per year for an annual exam, the following requirements must be met:

<input type="checkbox"/>	Associate has completed one year of service
<input type="checkbox"/>	Associate must be enrolled in a Compass Group Medical, Dental, or Vision Plan
<input type="checkbox"/>	Examination must be for the Associate (Time off cannot be used for dependent wellness exams.)
<input type="checkbox"/>	Code _____ (up to three hours) to wage type #1109
<input type="checkbox"/>	File in Associate's Medical/FMLA folder at the Unit

If you need assistance, contact the Benefits Answerline at 877-311-4747.