

# Verizon NY/NE Regional Work & Family 2024 Health & Wellness Program

## Healthy weight management

The New York New England CWA/IBEW Work and Family Committee recognizes that your health is important. Regular exercise and weight management have been shown to improve fitness, reduce stress and fight obesity.

Take an active role in your health by maintaining a healthy weight and choosing behaviors that reduce your risk for chronic disease. Convenient, affordable weight management programs based on healthful eating, physical activity and behavior modification are available to you and your eligible family members to support your weight loss and weight management efforts.

## Employee discounts

The Verizon discounts below can be found on VZWeb>About You>For Me>Employee Discounts. Or on this extranet site, accessible from your personal internet outside of Verizon's VPN:  
<https://extranet.verizon.com/DanaInfo=aboutyou.verizon.com,SSL+>

## Global Fit

You and your family have access to the nation's leading provider of healthy living benefits through GlobalFit. Contact GlobalFit at 1.800.294.1500 or visit <https://www.globalfit.com/gyms-and-more/gyms> to find a convenient affordable health club.

## Active & Fit Direct

With more than 9,000 fitness centers nationwide, Active & Fit Direct is available to employees and their dependents over 18. Individual membership costs \$25 a month, plus a one-time \$25 enrollment fee. You can enroll directly at <https://www.activeandfitdirect.com/fitness/verizon>.

## Live Stream Monthly Subscriptions

Monthly subscriptions for at-home equipment, such as Peloton and Nautilus that produce live-stream content are covered under the Health and Wellness Reimbursement Program. The reimbursement is only for the monthly subscription, not the cost of equipment. **Proof of monthly subscription payment must be in employee name showing name and address.** *(No profile page will be accepted).*

## Other Verizon Wellness Resources

WellConnect offers many resources to help with weight management, healthy eating, fitness, and more. WellConnect organizes your total wellness around four dimensions-physical, emotional, social and financial. Go to VZWeb > About You > For Me > WellConnect. You can also access Verizon HealthZone for free personalized resources for healthy living. Go to VZWeb > About You > For Me > Well Connect > Access the HealthZone.



## Enrollment guidelines:

All NY/NE CWA/IBEW 2213 Verizon employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- There are two payout sessions. Eligibility for enrollment ends when allocated funds are depleted. **All employees will be eligible for up to \$500 dollars reimbursement for costs incurred during Session 1 and \$500 in Session 2.** Employees can newly enroll or already be enrolled in a health and wellness program to be eligible.

### Session 1: January- June:

- Post Marked by June 21, 2024
- Reimbursement is August 30, 2024

### Session 2: July – December:

- Post Marked by December 20, 2024
- Reimbursement is February 28, 2025.

- Download an enrollment application at <https://regionalwfrc.com> or see below.
- Attach a copy of the signed Health and Wellness/Gym-Fitness membership agreement (agreement must indicate the billing party and employees' name) to your enrollment application and mail via U.S. Mail to:

**NY/NE Regional Work & Family Committee c/o  
Fund Administrator Beverly Steele  
120 Hicksville Road, Room 200-A  
Massapequa, NY 11758**

- Health and Wellness/Gym Membership is for **employees only**.
- Employees are eligible to participate in the DCRF, Pendant and Health and Wellness programs at the same time.
- All Health & Wellness/Gym reimbursements received from this program are taxable.

In addition to the Health and Wellness Program, employees are encouraged to log in to the Verizon VZWeb and navigate to WellConnect. (VZWeb > About You > For Me > WellConnect > My Healthy Living). In WellConnect, you will find many resources to help with weight management, healthy eating, fitness and exercise tips. On VZWeb's About You, you'll find the discounts discussed in this package.

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and CWA/IBEW are neither responsible nor liable for any injuries or damages of any nature suffered as a result of the acts or omission of a provider of care in the operation of its business.

Eligibility for reimbursement terminates upon termination of employment with Verizon. Verizon and CWA/IBEW retain the right to change eligibility requirements or amount of reimbursement as well as any other provision, including discontinuation of the program at any time.

**Contact your Local Union Representative with any additional questions.**



**Verizon-CWA/ IBEW 2213/ NY/NE Regional Work and Family Committee**

**This is a Taxable Wellness Reimbursement Program**

Complete ALL information

Your application **WILL NOT BE PROCESSED** if any information is missing. Please print clearly

<b>Employee Name:</b>		
<b>Employee ID (found on paystub)</b>	<b>Enterprise ID(found on VZ WEB)</b>	
<b>Home Address:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		
<b>Work Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Choose 1:</b>	<input type="checkbox"/> <b>CWA Local</b> _____	<input type="checkbox"/> <b>IBEW 2213</b> <input type="checkbox"/> <b>Management</b>
<b>Type of Program:</b>	<input type="checkbox"/> <b>Fitness</b> <input type="checkbox"/> <b>Weight Management</b>	
<b>Fitness or Weight Management Providers Name:</b>		
<b>Providers Address if applicable:</b>		
<b>Providers Phone Number if applicable:</b>		
<b>Cost of membership:</b>		
<b>Type of payment:</b> <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Drop-in</b> <input type="checkbox"/> <b>Other</b>		
<b>Membership is for:</b> <input type="checkbox"/> <b>Employee</b> <input type="checkbox"/> <b>Employee/ Family (Family plan must be in employees name)</b>		
<b>Contract Effective Date:</b>		
<b>Contract Termination Date:</b>		
You <b>MUST</b> attach a copy of the contract and detailed receipts. Only <b>original</b> applications will be accepted.		
I, <b>(Print Name)</b> _____, request reimbursement for the eligible Health and Wellness expenses listed above. My signature signifies I have read the criteria of the Health and Wellness / Gym Membership Reimbursement Program and I agree to abide by them. <b>By signing and submitting application, I certify that the information that I have provided on this form is true and accurate. I further understand that supplying false information on this for may jeopardize my continued participation in the NY/NE Work &amp; Family Fund</b>		
<b>Employee Signature</b>		<b>Date:</b>

**Send form and receipts to:**  
NY/NE Regional Work & Family Committee  
c/o Beverly Steele, Fund Administrator  
120 Hicksville Road, Room 200-A  
Massapequa N.Y. 11758