



# CUPE Health & Wellness Fund (Pilot Project)



## Application Form

The Health and Wellness Fund (the “Fund”) will be used to support employees’ health and wellness. All Regular and School-Term Employees who held a permanent position as of July 1, 2022, or any new hires into a permanent position from July 1, 2022, to February 28, 2023, and who are actively working (i.e., in receipt of a Statement of Earnings from SD33) will be eligible to access the Fund. *Please note that the permanent members single position must be a minimum of four (4) hours per day in order to be considered eligible.* Anyone hired into a permanent position after February 28, 2023, will not be eligible to access the Fund. Members who have resigned, retired, or who are currently employed but not in a receipt of a Statement of Earnings by the Employer will not be eligible to access the Fund.

The Fund will be administered by CUPE Local 411, however both parties are responsible for developing the Terms of Reference for the management and disbursement of funds. The Terms will be reviewed, and if need be, amended, on or before January 31, 2024.

Members will be permitted to make one (1) submission per calendar year until they have exhausted their *one-time three hundred and twenty (\$320) dollar* allocation or until the final submission date (May 31, 2025) has been reached. Only applications submitted during the following intake periods will be accepted for reimbursement, *applications submitted outside of these dates will not be considered:*

**1. February 1 – 28**

**2. May 1 – 31**

**3. August 1 – 31**

**4. November 1 - 30**

The Union will endeavour to issue reimbursements within fifteen (15) calendar days after the last day of each of the above noted intake periods. **NOTE:** *The Health and Wellness Fund is a Taxable Benefit and will be accounted for on the employees T4.*

### Item Reimbursement Guidelines:

- The intent of the Health & Wellness Fund is to support eligible CUPE 411 members. (Expenses submitted for spouses, dependents, friends, or pets will not be accepted)
- Items must be purchased through a proper vendor with a legible receipt issued that *clearly states the vendor’s name, address and includes tax details.* (Craigslist purchase or handwritten receipts will not be accepted)
- All requests for reimbursement under the Fund must be accompanied by the completed form (see below) along with a valid receipt(s).
- Employees interested in purchasing an item that is not clearly defined in the list of eligible items below must submit a written statement describing how the purchase will contribute to their health and wellness. These submissions will be reviewed at the Labour Management meetings (six per school year), please anticipate delays in the review/approval process for items outside of the guidelines.

### Items Eligible for Reimbursement:

#### Sporting Equipment & Activities

- Fitness Activities (gym memberships, yoga classes, dance classes, golf memberships, etc.)
- Specialized Equipment (skates, snowshoes, hiking shoes, running shoes, kayak, paddleboard, bike, Fitbit or other fitness tracker, etc.)

#### Music & Creativity

- Musical Instruments and Sheet Music
- Art Classes (pottery, painting, drawing, etc.)
- Art Supplies (art painting brushes, art sketchpads, etc.)
- Knitting/Crocheting Supplies

#### Gardening & Nutrition

- Gardening Supplies (vegetable seeds, planting flowers, rake, shovel, soil, etc.)
- Vitamins and Naturopathic Supplements

#### Benefit Top-up

- Top-up of Paramedical Benefits (Massage, Physiotherapy, Chiropractor, etc.)
- Counselling Services

**Please submit your completed form along with valid receipts to [unionoffice@cupe411.ca](mailto:unionoffice@cupe411.ca)**

**Items Not Eligible for Reimbursement:**

- Alcohol or Drugs (recreational, over the counter or prescription)
- Vacations (flights, hotels, etc.)
- Other Non-Specialized Equipment (coolers, water bottles, leggings, socks, etc.)
- Entertainment (concert tickets, sporting event tickets, etc.)
- High Risk Activities (skydiving, etc.)
- First Aid Supplies (bandages, tape, etc.)
- Medical and/or Cosmetic Procedures and Aesthetic Services
- Cosmetic and/or Hygiene Products
- Electronics and/or Games (i.e., Apple Watch, TV, etc.)
- Furniture and/or Appliances
- *Repairs/Parts for Leisure Vehicles (i.e., Boats, Snow Mobiles, Motorcycles, off-road Vehicles, See-Doos, etc.)*

<b>Employee No.:</b>		<b>Amount Requested for Reimbursement:</b>	
<b>Employee Name:</b>		<b>Summary Item Description:</b>	

Please indicate the category in which your purchase falls into:

Sporting Equipment & Activities

Music & Creativity

Gardening & Nutrition

Benefit Top-up

**How will this purchase contribute to your Health & Wellness?**

*(only complete if the purchase is outside the guidelines)*

**\*Receipt(s) must be provided in order to be eligible for reimbursement.**

*By signing this application, I acknowledge that the purchase(s) made in relation to this application is for my own personal use.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Committee Use only:**

**Approval**

**Date:**

**Signature:**

**Approved**

**Not Approved**

**Comments:**

**Please submit your completed form along with valid receipts to [unionoffice@cupe411.ca](mailto:unionoffice@cupe411.ca)**