

Fitness for Life

Employee and Spouse Wellness Promotion Program



Get Fit –Get Rewarded

Southeastern California Conference of
Seventh-day Adventists
Riverside, California
Revised April 2016

Fitness for Life

OUR VISION

For SECC employees and their families enjoy life and health at its best by maintaining health-enhancing lifestyle practices.

OUR GOAL

For SECC employees to begin and/or maintain a personal and/or family wellness program for improved quality of life.

and

to promote wise-use of available health care; resources, and reward employees for their participation in the wellness program including partial reimbursement for the employee health care contribution costs.

BENEFITS OF PHYSICAL EXERCISE

Regular physical exercise:

- Optimize health for spiritual connectivity;
- Reduce the risk of heart disease, diabetes and cancer;
- Reduce heart rate and high blood pressure;
- Reduce stress and improve relationships;
- Improve general well being;
- Delay the aging process;
- Improve memory.

It is anticipated that an improved health status of employees will also result in reduced use of sick leave, doctor's visits and prescriptions. This data will be used to negotiate better rates for our health insurance premium.

CRITERIA FOR REIMBURSEMENT

A.

Regular Employee who is at least 25% of full-time

B.

Submission of Employee Wellness Participation Application

C.

Monthly submission of completed Aerobic Training Log due the 15th of the following month

Monthly Logs Rewards Quarterly Deadline:

1 st quarter	April 15	3 rd quarter	October 15
2 nd quarter	July 15	4 th quarter	January 15

Submit complete Aerobic Training Logs to:

Human Resources
Southeastern California Conference
PO Box 79990
Riverside, CA 92513
(951) 509-2352, Fax (951) 509-2395

GETTING STARTED

Step One

See your doctor to determine if you have any physical limitation to participate in the “Fitness for Life Program”

Step Two

Submit your Employee Wellness Participation Application Human Resources

Step Three

Begin your activity

Step Four

Record your activities on the Aerobic Training Log by listing the name of the activity and the duration. Submit your log to the Human Resource office each month by the 15th of the subsequent month.

Individualized Plan

Individuals with health conditions, restricting exercise, may still participate by designing a personal exercise plan, with their physician.

PERSONAL ASSESSMENT

For your personal assessment of fitness we are providing the following information on Body Mass Index.

BMI is a scientific method that factors in both height, (body surface area) and weight and attempts to predict the amount of body fat you carry. Since excess weight increases our risk of acquiring illness more than virtually any other medical condition, knowing your BMI is a crucial step toward monitoring your overall health.

Calculating your BMI rather than simply stepping on a scale is a new way of thinking, but, because this is how the scientific studies measure weight, this is the only way you can compare yourself to their research. It should become as essential a number to you as your blood pressure and cholesterol levels.

How to calculate your BMI:

Multiply weight (in pounds) _____ X 704 = _____.

Take the above amount and divide by your height (in inches) squared, and that's your BMI

Weight Class (for adults only)	BMI
Under weight	Less than 18.5
Acceptable weight	18.5-24.9
Overweight	25.0-29.9
Obese	30.0-39.9
Extreme or morbid obesity	40.0 and above

Example:

Miss Jones weighs 115 pounds
115 X 704 = 80960
Miss Jones is 60 inches tall

Divide 80960 by 60 = 1349.33
Squared means divide 1349.33 by her height in inches one more time
1349.33 divided by 60 = 22.48
Miss Jones' BMI would be 22.48

Adventist Risk/Aetna & Kaiser WELLNESS PROGRAMS

Employees are encouraged to participate in their insurance carrier's Wellness Programs. Here are the steps to access the ARM or Kaiser health programs to sign up for their Wellness Programs. Other programs a member can access here are Weight Management, Nutrition, and Stress Management.

For **Kaiser** members go to the Kaiser Permanente website: www.kp.org

- Member sign on
- Select the Health & Wellness tab
- Select Total Health Assessment—is an online total health assessment that can help you make smart choices. Help prevent disease and improve your health by examining what's affecting your overall wellness—from how often you exercise to what you eat in the morning.
- Answer Questionnaire
- Health summary – after completion of questionnaire you can print out your Health Summary. According to your responses you will receive your lifestyle score. The summary will focus on areas that need work and that you need to work on
- Great tools and programs available on this site!

For **Adventist Risk/Aetna PPO (ARM)** members go to www.MyLifeValues.com

- User ID: ADVENTIST
- Password: eap
- You have access to many online health programs and tools
 - Family
 - Health
 - Life
 - Workplace
 - What's New
 - Discount Center
 - Webinars
- Quick Links:
 - Mental wellbeing
 - Self improvement
 - Stress management
 - Depression resources
 - And much more...

Health Care Coverage Opt Out Employees

For employees that have Opted Out of SECC health care benefits or employees that are 25%-99% of full-time should see if their healthcare carriers have similar wellness programs within their coverage and submit similar document that ARM and Kaiser members must submit to be eligible for Fit for Life Employee and Spouse Wellness Promotion Program.

An aerobic mile is a measure of exercise energy expended that is equal to jogging one mile
 How to measure and keep track of your physical activity.

AEROBIC MILE CHART

ACTIVITY	Minutes to equal one (1) Aerobic Mile		
	<i>Pace or Intensity Easy</i>	<i>Pace or Intensity Moderate</i>	<i>Pace or Intensity Vigorous</i>
Aerobic exercise to music	30	20	15
Backpacking	15	12	10
Basketball	20	12	10
Bicycling	18	14	10
Calisthenics, continuous, moderate	30	20	15
Canoeing /rowing	20	15	12
Cycling, stationary	16	13	11
Football, Touch	20	15	12
Gardening, active	60	40	30
Golfing, carrying bag or pulling cart	30	25	20
Hiking, cross country & hills	20	15	12
Jogging, Running (record miles)			
Mountain climbing	15	12	10
Racquetball, handball, squash	20	15	10
Rope skipping	11	10	8
Skating	20	15	12
Skiing, cross country	17	12	8
Skiing, down hill	20	15	12
Soccer	15	12	10
Stair or bench stepping	15	13	11
Swimming	24	16	12
Table Tennis	60	30	20
Tennis	20	15	11
Volleyball	20	15	12
Walking (record miles)			
Water skiing	20	15	12
Weight Training	30	20	15

1989,2001, Wellsorce Inc, Clackamas, Oregon

Aerobic miles are a way to measure the energy output in a number of different activities. An aerobic mile is equivalent to the energy expended in jogging one mile. If you have not been exercising at all, you should try to begin with physical activity equal to 6 miles a week then gradually work up to 10 or 15. Always follow your physician's recommendations first.

Get Fit –Get Rewarded

Revised 1/1/2013

Level of Reward <i>(All earned rewards are subject to income tax and will be reported on your W-2)</i>	Redemption Miles Required
Employee Contribution Refund \$16 /month <i>(see Reimbursement for Employee Contribution listed below)</i>	32
Walking/jogging shoes (up to \$37.50/year)	75

Accrual of Reward Miles

As an active employee throughout the year you can elect to redeem miles from the chart as listed above. Employee's choice of rewards must be designated on the Incentive Redemption Form which is sent out quarterly. You will receive a printout of your accrued mile balance on a quarterly basis to verify miles submitted. Logs submitted after the 15th of the subsequent month is late thus miles will not be recorded. ***Effective 1/1/2013 only one late log and miles counted per year will be allowed, no exceptions.*** Aerobic Training Logs can be obtained by accessing our website <http://secchr.adventistfaith.org> or contact HR for forms.

There is no actual cash value for the miles accrued. They are only used for accrual for rewards under the wellness program. The Fitness for Life miles accrued is a non-vested bank, and upon termination no payment will be made from it.

Reimbursement for Employee Contribution

Reimbursement of Employee Contribution requires 32 miles/month. Miles in excess of this requirement may be accrued toward other rewards. Employee Contribution refund translates into \$16.00/month for employee and/or spouse, if selected, and paid out on a quarterly basis.

Quarterly Reporting/Reward Selection

You will receive an Incentive Redemption Form at the end of each quarter. This form is used to make your quarterly redemption of miles. At year-end all active employees that are participants in the wellness program will get their miles cashed out and will be reflected in the first payroll check in February of the following year.

The first 1,000 miles will be \$0.25/mile; second 1,000 miles will be \$0.125/mile; cap of 2,000 miles

Effective 1/1/2013 any logs that are an excess of 1,000 miles per year will be subject to review, verification and Benefits Committee approval.

Employee Wellness Participation Application

Employee Name: _____ FT PT

Address: _____

Email Address: _____

Spouse Name: _____

I would like to participate in the "Fitness for Life" program. Please mark the items that would help you start the Fitness for Life program.

	Employee	Spouse
Insurance Carrier	<input type="checkbox"/> ARM <input type="checkbox"/> Kaiser <input type="checkbox"/> OptOut	<input type="checkbox"/> SECC Coverage <input type="checkbox"/> Other Coverage

Although exercise testing and exercise participation are relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot always be totally predicted. Consequently, there is a small but real risk of certain changes occurring during exercise. Some of these changes may be abnormal blood pressure, irregular heart rhythm, fainting, and, in rare instance, heart attack or cardiac arrest. **Therefore, you should always consult with your physician before starting any exercise program.**

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

NOTE: Submit this form and Aerobic Training Log on monthly basis to:

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