

WELLNESS BENEFITS PLAN SUMMARY (Administered by STM Payroll/Benefits)

ELIGIBLE EXPENSES

Fitness-related services (memberships and fitness lessons)

- fitness club memberships (includes membership to any physical activity center)
- registration fees for fitness-related programs or lessons, such as aerobic classes, yoga, dance lessons and figure skating
- sport team memberships and registration fees
- annual memberships, such as golf
- court fees, green fees, ski passes, lift tickets and race registration
- personal trainers, fitness consultants, lifestyle consultants and exercise physiologists

Fitness equipment

 durable equipment such as treadmills, exercise bikes and universal gyms skates, roller blades, bicycles, child bike trailers, specialized athletic footwear, tennis racquets, golf clubs, safety helmets and specialized sports equipment.

Specialized sporting equipment

• fishing rods, fishing supplies, camping tents and camping gear.

Health-related services

- weight management programs (excluding food) including hypnosis seminars
- smoking cessation programs
- nutrition programs and counseling
- maternity services (prenatal classes and mid-wife services)
- services of the following alternative health practitioners: reflexologist, iridologist,
- herbalist, homeopath, athletic therapist, Chinese medical practitioner, Shiatsu
- therapist, osteopathic practitioner and acupressurist, sleep assessment
- stress management programs
- cholesterol and hypertension screening
- first aid and CPR (cardiopulmonary resuscitation) training
- health assessments (must be conducted by a certified health professional)
- allergy tests
- vitamins & supplements including herbal products
- other alternative wellness services: Reiki, Ayurvedic medicine, touch therapy, Rolfing,
- light therapy and hypnosis seminars

Spiritual Enrichment Activities

- Spiritual counselling
- Spiritual retreats and workshops
- Spiritual conferences, classes and group seminars

EXCLUSIONS

- services provided to family members
- services provided by family members
- courses provided by a non-accredited institution
- clothing
- electronic fitness gadgets (e.g. Fitbit™, electronic trackers)
- sandals (including golf and hiking sandals)
- clubs where the focus is not a physical activity
- claims for family members
- interest charges or maintenance fees
- maintenance of equipment
- certain equipment or supplies for hobby activities (e.g., rifles, paint-ball supplies)
- assembly, service or delivery fees
- fees related to the physical activity (e.g., lockers, books, exams)
- electronic programs including *Wii Fit (*registered trademark of Nintendo Co. Ltd)

CLAIM PROCEDURES

St. Thomas More College (Payroll office) will provide reimbursement for eligible wellness expenses incurred by an eligible member as defined under the eligibility section of this summary.

Claims must be received within 30 days of the earlier of the end of the plan year.

TAXATION

St. Thomas More College's interpretation of the Income Tax Act, amounts reimbursed from the Wellness Spending Account are considered taxable benefits to the eligible member.

WELLNESS SPENDING ACCOUNT INFORMATION

If your Wellness Spending Account reaches a zero balance at any time during the plan year, any further expenses will not be carried forward. If there is a credit remaining in the account at the end of the plan year, it can be carried forward to the next plan year but only to the extent that it represents one year's allocation.

Any unused credit amounts are forfeited by the member and revert to St. Thomas More College.

CONTINUATION OF COVERAGE

The Wellness Spending Account is in effect while you are actively at work. If you are on an approved leave of absence and have continued health benefits, your eligibility for the Wellness Spending Account will continue.

TERMINATION OF COVERAGE

Coverage will cease in the event of:

- a member's employment termination,
- a member's retirement,
- a member's death,
- a change in a member's eligibility, or
- the program termination.

The above information is intended only as a summary of your Wellness Spending Account. In the event of any misunderstanding or discrepancy, benefits will be paid according to the Terms of Reference and applicable legislation.

Wellness Spending Account Claim Form

| Name: | | | | |
|--|--|---|--|--|
| Depart | tment: | | | |
| Reimb | ursement is limited to the list of ary. | eligible expenses no | oted on the plan | |
| • | Receipts are to be attached to yourchase, item claimed and total Indicate with a check (be claimed on one form. Where applicable, receipt must | al cost. <i>Original recei</i> em(s) you are claimin | pts are required. g. Multiple items may | |
| | Wellness Items | for use by Employe | е | |
| | Fitness-related services (membership and fitness lessons) | | | |
| | Fitness equipment/Specialized sporting equipment | | | |
| | Health-related services | | | |
| □ : | Spiritual enrichment activities | | | |
| Total Amount Claimed: (not to exceed n | | ximum benefit amount) | \$ | |
| - | declare that all information is correct an gram and I understand that receipts are s | • | eres to the requirements of | |
| Employee Signature: | | Date: | | |
| Payroll/R | Benefits Use Only | | | |
| Employee#: | | Payroll verified: | | |
| Wellness Fund Balance: | | Date: | Date: | |