



# CHARLOTTESVILLE CITY SCHOOLS

## YMCA

### Important Enrollment Information

Before completing the enrollment form, please review this information.

#### Benefits Eligibility Requirements

Charlottesville City School (CCS) has secured a partnership with YMCA that allows CCS staff to enjoy the benefit of a corporate gym membership. This benefit is available to full-time employees and part-time employees who work a minimum of 17.5 hours a week. In addition to enjoying a discounted rate for a gym membership, the division further supports staff by providing a wellness incentive at the rate of \$29.50 for full-time staff and \$14.75 for part-time staff as long as staff **maintains minimum quarterly participation**.

#### Participation Requirements

To enroll in YMCA, staff must **complete the CCS enrollment form** and visit guest membership at the YMCA.

1. YMCA gym membership enrollment requires a minimum of the commitment of 6 months.
2. Employees are required to go at least **eight** visits per quarter, at a minimum of a half-hour workout per visit. **If an employee does not go at least eight times in a quarter, the CCS employer contribution will be discontinued until the next fiscal year.** Participation is an employee's responsibility. Please make sure your gym membership card is scanned when you attend the gym and check-in with YMCA staff to determine your total visits prior to the end of each quarter.
3. At times, you may experience personal challenges that prevent you from attending the gym. Please know, you can request a "medical freeze" for physical conditions of which you are under the care of a physician. Please share these requests as soon as you experience the change. There will be no recourse for information shared after-the-fact.
4. **YMCA is not available for 20/20 pay employees. YMCA requires payroll deduction to receive the discount**

#### Open Enrollment

Enrollment is open at the beginning of each quarter. The fitness quarters and enrollment deadlines are provided below.

- First Quarter: July - September, **received by June 15**
- Second Quarter: October - December, **received by September 15**
- Third Quarter: January - March, **received by December 15**
- Fourth Quarter: April - June, **received by March 15**

Please do not place information in inter-office mail on the received date. You will miss the deadline. Drop the form off at the Division Office.

#### Enrollment & Termination of Participation

You must complete CCS enrollment or termination forms to activate or discontinue CCS payroll deduction. All forms must be received on or before the last day business day of the month in order for the membership to be canceled effective the first day of the following month.

YMCA:

Below, please find YMCA rates effective January 1, 2020.

YMCA Rates for Full-time Staff:

Monthly	Individual	Couple	Family	Family Plus One	Family Plus Two
CCS Rate	\$50.16	\$73.10	\$80.76	\$102	\$123.60
CCS Gym Subsidy	\$29.50	\$29.50	\$29.50	\$29.50	\$29.50
Net Gym Membership Cost	\$20.66	\$43.60	\$51.26	\$72.50	\$93.76

YMCARates for Part-time Staff

Monthly	Individual	Couple	Family	Family Plus One	Family Plus Two
CCS Rate	\$50.16	\$73.10	\$80.76	\$102	\$123.60
CCS Gym Subsidy	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75
Net Gym Membership Cost	\$35.41	\$58.35	\$66.01	\$87.25	\$118.85

Employer Contribution

Per notification from CCS attorneys, the employer contribution you will receive of \$29.50 or \$14.75 each month is taxable income. In order to comply with this requirement, you will see both the employer allocation (“gym subsidy”) added to your paycheck and the full cost of dues deducted from your paycheck. By doing this, you will receive slightly less in net pay which reflects the taxes withheld related to the employer allocations.

More Information

- YMCA membership allows access to Crozet YMCA, as well as YMCA’s across the country..
- Family rates are for a maximum of 2 adults (over 19 years of age) and dependents in the household.
- A Family Plus One membership is considering up to three adults and any dependents under the age of 19.
- Family members are spouses/partners and children/stepchildren 2 months to 19 years.
- No enrollment or cancellation fees. CCS must maintain a minimum of 10 memberships in order to maintain discounted rates.
- **No contract required. CCS requires a 3 month commitment.**
- **Employees must complete required paperwork with Charlottesville City School first, then complete paperwork with YMCA before you may participate.**

Attendance Tracking

Participation is an employee’s responsibility and gym attendance will be tracked. **If an employee does not go to the gym at least eight times in a quarter, the CCS employer contribution will be canceled until the next fiscal year.** A cancellation notification will be sent to the employee.

Employees are asked to scan their membership card each time they attend the fitness facilities. Verification of attendance will be based solely on the electronic sign-in process. **As a condition of membership, you agree to accept the attendance that the gym reports to Human Resources.**



# CHARLOTTESVILLE CITY SCHOOLS

## YMCA

### Enrollment and Payroll Authorization

I/We hereby desire to enroll in the Charlottesville City Schools Physical Fitness Program.

I authorize the Charlottesville City Schools to withhold from my pay each month such amounts as may now or hereafter be my contribution to the cost of the program. This authorization shall continue in effect until revoked by me, except that notice of cancellation will not release me from payment for any month already begun.

I certify that I fully understand the enrollment, authorization, participation requirements, and cancellation policy for the Charlottesville City Schools Physical Fitness Program.

#### Employee Enrollment/Payroll Authorization

\_\_\_\_\_  
Employee Name (Please print.)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Last four digits of SS#

\_\_\_\_\_  
School Location

\_\_\_\_\_  
Date

#### Spouse/Partner/Dependent(s) Enrollment

\_\_\_\_\_  
Spouse/Partner Name (Please print.)

\_\_\_\_\_  
Spouse/Partner Signature (**REQUIRED if spouse/partner is a CCS Employee**)

\_\_\_\_\_  
Dependent Name and Age (Please print.)

\_\_\_\_\_  
Dependent Name and Age (Please print.)

\_\_\_\_\_  
Dependent Name and Age (Please print.)

\_\_\_\_\_  
Dependent Name and Age (Please print.)

Pay Schedule:

24 Pays

20 Pays not eligible. Payroll deduction required.

Membership:

New

Upgrade/Add

Downgrade/Remove

Please check if your Spouse/Partner is a CCS employee.

Fitness Membership Level:

Individual

Couple

Family

Revised - 10/1/2020



# CHARLOTTESVILLE CITY SCHOOLS

## LIABILITY RELEASE

I/We, the undersigned School Employee, spouse or partner, dependent(s) of the School Employee, understand and agree that in registering to participate in the physical fitness program offered by **Piedmont Family YMCA** and sponsored by the Charlottesville City Schools, I/We voluntarily take advantage of an employee benefit offered to Charlottesville City School employees. I/We understand and agree that my/our participation is in no way required as a condition of continued employment with Charlottesville City Schools, and that my/our participation will be on my/our time, not on Charlottesville City School time.

Therefore, I/we understand and agree that any injury which I/we may suffer while participating in the physical fitness program at the **YMCA** or while traveling to or from the **YMCA** shall not be considered as arising out of or in the course of Charlottesville City Schools employment. No such injury would be covered by the Charlottesville City Schools Worker' Compensation program.

My/Our participation at the **YMCA** will be entirely at my/our own risk, and I/we hereby release the Charlottesville City Schools, its officers, employees and agents from any liability whatsoever for any injury which I/we may suffer as a result of participating in the physical fitness program at the **YMCA**, or while traveling to or from the **YMCA**.

### **Employee Liability Release**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### **Spouse/Partner Liability Release**

\_\_\_\_\_  
Spouse/Partner Name (Please Print)

\_\_\_\_\_  
Spouse/Partner Signature

\_\_\_\_\_  
Date

### **Dependent(s) Liability Release (18 and older only)**

\_\_\_\_\_  
Dependent Name (Please print)

\_\_\_\_\_  
Dependent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dependent Name and Age (Please print.)

Dependent Signature

\_\_\_\_\_  
Date