# Fitness for Life Employee and Spouse Wellness Promotion Program 



# Get Fit -Get Rewarded 

Southeastern California Conference of
Seventh-day Adventists
Riverside, California
Revised April 2024

## 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 are due the following month and you have until the $15^{\text {th }}$ of each month to turn it in.

|  | Monthly Logs Rewards Quarterly Deadline: |  |  |
| :--- | :--- | :--- | :--- |
| $1^{\text {st }}$ quarter | April 15 | $3^{\text {rd }}$ quarter | October 15 |
| $2^{\text {nd }}$ quarter | July 15 | $4^{\text {th }}$ 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
humanresources@seccsda.org

## 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 $15^{\text {th }}$ 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) $\qquad$ X $704=$ $\qquad$ .
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 $115 \times 704=80960$
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

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 |  |  |
| :---: | :---: | :---: | :---: |
|  | Pace or Intensity Easy | Pace or Intensity Moderate | Pace or Intensity Vigorous |
| 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, circuit | 30 | 20 | 15 |

1989,2001, Wellsource 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 <br> Revised 1/1/2013

| Level of Reward <br> (All earned rewards are subject to income tax and will be reported on your W-2) | Redemption <br> Miles Required |
| :--- | :---: |
| Employee Contribution Refund \$16/month (see Reimbursement for <br> Employee Contribution listed below) | 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 $15^{\text {th }}$ 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 https://seccadventist.org/2022/06/01/employeeresources/ 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 $\mathbf{1 , 0 0 0}$ miles will be $\$ 0.25 /$ mile; second $\mathbf{1 , 0 0 0}$ miles will be $\$ 0.125 /$ mile; cap of $\mathbf{2 , 0 0 0}$ 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

$\qquad$
Address: $\qquad$

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 | ■ARM $\square$ Oaiser $\square$ Opt-out | ■SECC Coverage ロ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: $\qquad$ Date: $\qquad$

NOTE: Submit this form and Aerobic Training Log on monthly basis to:
Human Resources
Southeastern California Conference
PO Box 79990
Riverside, CA 92513
Fax (951) 509-2392

