

EXHIBIT 8



YMCA CORPORATE WELLNESS PROGRAM
Employee Eligibility Notice

I, \_\_\_\_\_, am an employee with the City of Indianola or the Indianola Municipal Utility and am eligible for the YMCA Corporate Wellness program.

I enrolled with the YMCA on \_\_\_\_\_ (date enrolled) with single/family coverage (check one). I paid \$\_\_\_\_\_ through date \_\_\_\_\_.

TERMS OF THE PROGRAM ARE AS FOLLOWS. The monthly membership fee is:

Adult Single - \$61.00 - Employee will pay with two monthly payroll deducts of \$23.00. The City will pay a monthly payment of \$15.00.

2 Adults - \$83.50 - Employee will pay with two monthly payroll deducts of \$29.25. The City will pay a monthly payment of \$25.00.

Adult & Seniors Family - \$92.00 - Employee will pay with two monthly payroll deducts of \$33.50. The City will pay a monthly payment of \$25.00.

Seniors Single \$49.00 - Employee will pay with two monthly payroll deducts of \$17.00. The City will pay a monthly payment of \$15.00.

2 Seniors - \$67.00 - Employee will pay with two monthly payroll deducts of \$21.00. The City will pay a monthly payment of \$25.00.

Employees will pay the YMCA their first month upfront. The City will deduct fees from the employee's paycheck one month ahead. The YMCA invoice the City on the 1st of the month for memberships.

Termination of membership must be completed at the YMCA. Employees must notify Human Resources and provide documentation of membership termination.

I, \_\_\_\_\_, authorize the City of Indianola to deduct the single/family rate from my paycheck as stated above.

Employee Signature

Date

Approved by:

Human Resources or Payroll Signature

Date

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For HR/Payroll Use Only:				
_____	_____	_____	_____	_____
Date HR Entered	Check Date	EE Amount	ER Amount	Date Payroll Checked
_____	_____	_____	_____	_____
Date HR Entered	Check Date	EE Amount	ER Amount	Date Payroll Checked
_____	_____	_____	_____	_____
Date HR Entered	Check Date	EE Amount	ER Amount	Date Payroll Checked