

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 **(circle one)**. I paid \$_____ through date _____.

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

Full/Part Time **Single** - \$49.50 – Employee will pay with two monthly payroll deducts of \$17.25. The City will pay a monthly payment of \$15.00.

Family - \$69.50 – Employee will pay with two monthly payroll deducts of \$22.25. 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.

Family - \$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

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