Verizon NY/NE Regional Work & Family 2025 Health & Wellness Program

Healthy weight management

The New York New England CWA/IBEW Work and Family Committee recognizes that your health is important. Regular exercise and weight management have been shown to improve fitness, reduce stress and fight obesity.

Take an active role in your health by maintaining a healthy weight and choosing behaviors that reduce your risk for chronic disease. Convenient, affordable weight management programs based on healthful eating, physical activity and behavior modification are available to you and your eligible family members to support your weight loss and weight management efforts.

Employee discounts

The Verizon discounts below can be found on VZWeb>About You>For Me>Employee Discounts. Or on this extranet site, accessible from your personal internet outside of Verizon's VPN: https://extranet.verizon.com/,DanaInfo=aboutyou.verizon.com,SSL+

Global Fit

You and your family have access to the nation's leading provider of healthy living benefits through GlobalFit. Contact GlobalFit at 1.800.294.1500 or visit https://www.globalfit.com/gyms-and-more/gyms to find a convenient affordable health club.

Active & Fit Direct

With more than 9,000 fitness centers nationwide, Active & Fit Direct is available to employees and their dependents over 18. Individual membership costs $25 a month, plus a one-time $25 enrollment fee. You can enroll directly at https://www.activeandfitdirect.com/fitness/verizon .

Live Stream Monthly Subscriptions

Monthly subscriptions for at-home equipment, such as Peloton and Nautilus that produce live-stream content are covered under the Health and Wellness Reimbursement Program. The reimbursement is only for the monthly subscription, not the cost of equipment. **Proof of monthly subscription payment must be in employee name showing name and address.** *(No profile page will be accepted).*

Other Verizon Wellness Resources

WellConnect offers many resources to help with weight management, healthy eating, fitness, and more. WellConect organizes your total wellness around four dimensions-physical, emotional, social and financial. Go to VZWeb > About You > For Me > WellConnect. You can also access Verizon HealthZone for free personalized resources for healthy living. Go to VZWeb > About You > For Me > Well Connect > Access the HealthZone.

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Enrollment guidelines:

All NY/NE CWA/IBEW 2213 Verizon employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- ***NEW FOR 2025- REIMBURSEMENT IS FOR ENTIRE CALENDR YEAR-2025:***
- **All employees will be eligible for up to $500 dollars reimbursement for costs incurred during 2025**. Employees can newly enroll or already be enrolled in a health and wellness program to be eligible. Eligibility for enrollment ends when allocated funds are depleted.

  Session: January- December:

  - Post Marked by January 16th ,2026

  - Tentative Reimbursement will be in April 24th, 2026, paycheck.

- Download an enrollment application at https://regionalwfrc.com or see below.
- Attach a copy of the signed Health and Wellness/Gym-Fitness membership agreement (agreement must indicate the billing party and employees' name) to your enrollment application and mail via

  CASH RECIEPTS WILL NOT BE ELIGIBLE FOR REIMBURSEMENT

  - Health and Wellness/Gym Membership is for **employees only.**
- Employees are eligible to participate in the DCRF, Pendant and Health and Wellness programs at the same time.
  - All Health & Wellness/Gym reimbursements received from this program are taxable.

In addition to the Health and Wellness Program, employees are encouraged to log in to the Verizon VZWeb and navigate to WellConnect. (VZWeb > About You > For Me > WellConnect > My Healthy Living). In WellConnect, you will find many resources to help with weight management, healthy eating, fitness and exercise tips. On VZWeb's About You, you'll find the discounts discussed in this package.

The employee assumes all responsibility for determining the quality of the provider and assumes all responsibility for choosing a provider. Verizon and CWA/IBEW are neither responsible nor liable for any injuries or damages of any nature suffered as a result of the acts or omission of a provider of care in the operation of its business.

Eligibility for reimbursement terminates upon termination of employment with Verizon. Verizon and CWA/IBEW retain the right to change eligibility requirements or amount of reimbursement as well as any other provision, including discontinuation of the program at any time.

Verizon Corp and CWA NYNE/IBEW Local 2213 reserve all rights to alter or modify all eligibility requirements for this "program" or any other "Work and Family reimbursement programs", including but not limited to the amount(s) paid for the reimbursement, eligibility of applicants, proof of payment and all other provisions of this "program" or any other "Work and Family reimbursement programs", including the decision to discontinue this "program" or any other "Work and Family reimbursement program" at any time.

Contact your Local Union Representative with any additional questions.

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Health vs Wellness

This is a Taxable Wellness Reimbursement Program- Complete **ALL** information

Your application **WILL NOT BE PROCESSED** if any information is missing. Please print clearly

Employee Name: _____

Employee ID (found on paystub): _____ Enterprise ID (found on VZ WEB): _____

Home Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Choose 1: ☐ CWA Local_____ ☐ IBEW 2213 ☐ Management

Type of Program: ☐ Fitness ☐ Weight Management

Fitness or Weight Management Provider: _____

Providers Address if applicable: _____

Providers Phone Number if applicable: _____

Cost of Membership: _____

Type of payment: ☐Annual ☐ Monthly ☐ Weekly ☐ Drop-in ☐ Other

Membership is for: ☐ Employee ☐ Employee/ Family (Family plan must be in employees name)

Contract Effective Date: _____ Contract Termination date: _____

**You MUST attach a copy of the contract and detailed receipts. Only original applications will be accepted. **
CASH RECEIPTS WILL NOT BE ELIGIBLE FOR REIMBURSEMENT

I, (Print Name)_____, request reimbursement for the eligible Health & Wellness expenses listed above. My signature signifies I have read the criteria of this program, and I agree to abide by them. By signing and submitting application, I certify that the information that I have provided is true and accurate. I further understand that supplying false information may jeopardize my participation in the NY/NE Work and Family Fund

PLEASE WRITE NAME OF REIMBURSEMENT PROGRAM ON ENVELOPE

Employee Signature: _____ Date: _____

Send form and Receipts to: NY/NE Work & Family Committee c/o Beverly Steele-Fund Administer
120 Hicksville Road, Room 200-A
Massapequa N.Y. 11758

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