

WELLNESS AND HEALTH INITIATIVE PROGRAM (WHIP)



REQUEST FORM FOR WELLNESS AND HEALTH INITIATIVE PROGRAM (WHIP) CUPE 15 STAFF

The Wellness and Health Initiative Program (WHIP) was created to support and promote the health and wellness of CUPE members. WHIP aims to:

- Encourage sustainable wellness habits;
- Increase awareness of factors and resources that contribute to personal well-being; and
- Inspire individuals to take responsibility for their own health (physical, emotional, and/or psychological).

PRIVACY STATEMENT

At Emily Carr University of Art + Design, we understand the importance of privacy and the sensitivity of personal information. We may request potentially sensitive information, such as receipt or documentation related to wellness expenses, to facilitate reimbursement. This information is solely used for the purpose of validating and processing reimbursement requests and is handled with the utmost confidentiality. All data collected will only be accessible to the designated HR representative directly involved in the administration of the WHIP. This limited access ensures strict confidentiality and proper handling of your information. Your privacy is paramount. We are committed to safeguarding your personal information and will not disclose, share or transfer any collected data to non-essential parties or individuals who do not require this information to perform their duties related to WHIP. If you have any concerns or queries regarding the privacy and handling of your information, please contact the WHIP HR representative at <u>wellness@ecuad.ca</u>.

NAME:

DATE: _____

PURPOSE OF REQUEST

Please describe the purpose for which you are seeking funds, such as mental health support, gym membership, yoga classes, etc.):

TYPE OF HEALTH AND WELLNESS ACTIVITY:

Please specify the type of activity or service you intend to utilize the funds for, e.g., counseling sessions, fitness, equipment wellness retreat, etc., and how this activity or service contributes to your overall well-being and how it aligns with the objectives of the WHIP program.



PRE-AUTHORIZATION COST:

Please provide an approximate cost breakdown for the intended use of funds, including any subscription feed, equipment costs, or services charges. These can be submitted in the form of an official quote or invoice from the provider. Receipts and related documentation will be required for reimbursement.

TOTAL	\$

Reimbursement Request

□ Receipts to Follow

(Upon completion of WHIP expenditures, please submit original receipts)

Should you have exhausted your extended health benefits and spousal benefits and are seeking additional reimbursement through the WHIP fund, please provide a detailed explanation of usage and documentation for clarification.

DECLARATION:

I hereby declare that the information provided above is accurate to the best of my knowledge. I understand that the use of the health and wellness initiative program is subject to approval and that any funds granted will be used solely for the stated purpose.

SIGNATURES	DATE	WHIP COMMITTEE MEMBER
EMPLOYEE		
WHIP ADMINISTRATOR		
WHIP ADMINISTRATOR		
WHIP CUPE 15 REPRESENTATIVE		
WHIP CUPE 15 REPRESENTATIVE		

HOW TO SUBMIT A REQUEST

- 1. Complete and sign the form
- 2. Forward the completed form to the WHIP HR representative at <u>wellness@ecuad.ca</u> for approval and signature
- 3. Forward the signed form to the WHIP Committee (c/o Human Resources) for consideration
- 4. Notification of the WHIP Committee's decision will be issues by Human Resources
- 5. Once approved, to claim WHIP related expenses, complete an Expense Claim form and submit with a payment voucher and receipts to Financial Services. All expenses much be submitted within one month of completion

EXPENSE CLAIMS

Funds are allocated on an equity basis and will be available on a first-come first-serve basis, and must adhere to the following criteria:

- Eligible expenses are as per an approved list;
 - Promoting personal wellness including:
 - Fitness trackers
 - App subscription
 - Books and other literary resources, both physical and digital
 - Consulting health and wellness professionals
 - Accessing health and wellness facilities, classes and/or programs
 - Equipment (excluding clothing and footwear), supplies and/or materials
 - Other expenses deemed reasonable by the WHIP Committee, for example:
 - Supplements (must be legal or approved by an attending physician)
- Must have been incurred in the current fiscal year;
- The expense must benefit the employee directly;
- May only be submitted once per fiscal year; and
- Reimbursement for expenses cannot have been claimed elsewhere such as under an extended health plan or other plans where such expenses may be claimed

PLEASE NOTE THAT ALL EMPLOYEE APPLICATIONS MUST BE SUBMITTED TO THE WHIP COMMITTEE FOR APPROVAL. FUNDS ARE ALLOCATED ON AN EQUITY BASIS AND WILL BE AVAILABLE ON A FIRST-COME FIRST-SERVE BASIS.



TERMS OF REFERENCE: WELLNESS AND HEALTH INITIATIVE PROGRAM (WHIP)

The Wellness and Health Initiative Program (WHIP) was established to foster and support the overall wellbeing of Emily Carr University of Art + Design's CUPE 15 community. This program and fund aims to provide financial assistance and resources to enable employees to pursue various wellness-related activities and initiatives.

SCOPE

- 1. **Eligibility:** All full-time CUPE 15 employees are eligible to apply for support from the Wellness and Health Initiative Program (WHIP)
- 2. **Covered Expenses:** The fund covers a wide range of wellness-related expenses, including but not limited to gym memberships, wellness programs, mental health resources, fitness equipment, health-related seminars, and legal activities that promote holistic activities.
- 3. **Funding Limits:** Each employee is entitled to submit up to a maximum of 3 applications per fiscal year. Exceptions may be considered based on specific circumstances and approval by the WHIP committee.
- 4. **Reimbursement Procedure:** Employees seeking reimbursement from the fund must submit an application form along with relevant documentation (receipts, invoices, etc.) detailing the expenses incurred. All requests will be reviewed and process by the designated HR representative.
- 5. **Approval Process:** Approvals for fund utilization will be based on adherence to the established guidelines and availability of funds. Decisions made by the WHIP Committee fund allocations are final.
- 6. **Unused Funds:** Any unused funds within the specified period can be carried over for a maximum of 1 year and accumulated for future use.

CONFIDENTIALITY AND COMPLIANCE

- 1. **Data Handling:** All information provided by employees in relation to their health and wellness expenses will be treated with the utmost confidentiality. Only the designated HR representative will have access to this information.
- 2. **Compliance:** The Wellness and Health Initiative Program operates in compliance with university policies, local regulations, and legal requirements concerning the handling of personal and financial information.

COMMUNICATION AND FEEDBACK

1. **Communication:** Regular communication regarding the availability of the program, application procedures, and any updates or changes will be disseminated through the appropriate university-wide channels.

2. **Feedback Mechanism:** Employees are encouraged to provide feedback or suggestions for improving the Wellness and Health Initiative Program, which will be considered for future enhancements.

The Wellness and Health Initiative Program (WHIP) is a testament to our commitment to prioritizing the wellbeing of our employees. We aim to create an environment that promotes a healthy lifestyle and supports our workforce in their pursuit of physical, mental, and emotional health and wellness.