



Employee Wellness Program Compliance Checklist (HR)

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Program Design & Eligibility

Ensuring the program aligns with legal guidelines and targets eligible employees.

Program Eligibility Criteria

- ☐ All Employees
- ☐ Specific Departments
- ☐ Based on Tenure
- ☐ Based on Health Risk Assessment Results

Minimum Employee Participation Rate (%),

Enter a number...



Program Start Date

Enter date...

Incentive Types Offered

- ☐ Gift Cards
- ☐ Premium Discounts
- ☐ Merchandise
- ☐ Cash Rewards

Detailed Explanation of Eligibility Requirements

Write something...

Method for Determining Eligibility

- ☐ Self-Attestation
- ☐ Manager Verification
- ☐ HR Verification

Privacy & Data Security

Protecting employee health information and adhering to HIPAA and other privacy regulations.

HIPAA Compliance Assessment

- ☐ Compliant
- ☐ Partially Compliant
- ☐ Not Compliant

Data Encryption Methods Used

Write something...

Employee Consent Form Obtained?

☐ Yes

☐ No

Last Privacy Policy Review Date

Enter date...

Number of Data Breaches Reported (Past Year)

Enter a number...

Description of Data Access Controls

Write something...

Third-Party Vendor Security Agreements in Place?

☐ Yes

☐ No

Compliance with ADA & FMLA

Addressing potential accommodations and leave considerations related to program participation.

Does the wellness program offer accommodations for individuals with disabilities?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Describe the process for requesting and approving reasonable accommodations for program participation.

Write something...

Are employees informed about their right to FMLA leave related to wellness program participation?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Outline how FMLA leave requests related to wellness program participation are handled.

Write something...

Number of FMLA requests related to wellness program participation in the last year.

Enter a number...

Date of last review of ADA/FMLA compliance related to wellness program.

Enter date...

Non-Discrimination & Equal Access

Guaranteeing fair access to the program regardless of protected characteristics.

Program Access Barriers Identified?

- ☐ Yes
- ☐ No
- ☐ Not Assessed

Describe any identified barriers to equal access (e.g., language, disability, geographic location).

Write something...

Which groups are specifically targeted for outreach to ensure equitable participation?

- ☐ Employees with Disabilities
- ☐ Employees from Diverse Ethnic Backgrounds
- ☐ Employees with Limited English Proficiency
- ☐ Employees in Rural Locations
- ☐ Other (Specify)

Describe outreach strategies implemented to reach targeted groups.

Write something...

Are program materials available in multiple languages?

- ☐ Yes
- ☐ No
- ☐ N/A

Accommodations offered for employees with disabilities?

- ☐ Yes
- ☐ No
- ☐ Policy Exists, Rarely Utilized

Vendor Management & Contracts

Reviewing contracts with vendors to ensure compliance and liability protection.

Vendor Due Diligence Completed?

☐ Yes

☐ No

Contract Start Date

Enter date...

Contract Expiration Date

Enter date...

Summary of Key Contract Terms

Write something...

Copy of Vendor Contract

 Upload File

Contract Reviewed by Legal?

- ☐ Yes
- ☐ No

Vendor Insurance Coverage Amount

Enter a number...

Notes on Vendor Performance/Concerns

Write something...

Participation & Communication

Maintaining clear communication about program benefits, risks, and participation guidelines.

Summary of Program Communication Plan

Write something...

Date of Last Communication Distribution

Enter date...

Communication Channels Used

- ☐ Email
- ☐ Intranet
- ☐ Posters
- ☐ Team Meetings
- ☐ Company Newsletter

Estimated Employee Reach (%) of Communications

Enter a number...

Sample Communication Materials (e.g., flyer, email)

 Upload File

Method for Ensuring Employee Awareness (e.g., Acknowledgement Form)

- ☐ No formal acknowledgement
- ☐ Employee Acknowledgement Form
- ☐ Training Session Attendance

Description of Employee Onboarding Wellness Information

Write something...

Taxation & Reporting

Considering tax implications of wellness incentives and reporting requirements.

Total Value of Wellness Incentives Provided

Enter a number...

Date of IRS Form 679 Reporting (if applicable)

Enter date...

Wellness Program Structure (e.g., Incentives, Discount)

- ☐ Incentives
- ☐ Discounts
- ☐ Other

Number of Employees Receiving Incentives

Enter a number...

Summary of Tax Implications Considered

Write something...

Method Used to Determine Taxable Value of Incentives

- ☐ Safe Harbor Method
- ☐ Retrospective Method
- ☐ Other

Date of Last Tax Consultation (Optional)

Enter date...

Documentation & Recordkeeping

Maintaining records of program participation, incentives, and compliance efforts.

Date of Record Creation

Enter date...

Summary of Wellness Program Documentation Review

Write something...

Copy of Employee Consent Forms (if applicable)

 Upload File

Number of Participating Employees (Active)

Records of Vendor Audits/Assessments

 Upload File

Date of Last Program Documentation Update

Notes on Data Security Protocols

Program Evaluation & Updates

Regularly assessing program effectiveness and updating policies as needed.

Last Program Evaluation Date

Employee Participation Rate (%)

Enter a number...

Employee Satisfaction Score (Scale of 1-5)

Enter a number...

Summary of Employee Feedback (Qualitative Data)

Write something...

Were Program Goals Met?

- ☐ Yes
- ☐ No
- ☐ Partially

Recommendations for Program Improvement

Write something...

Date of Next Program Review

Enter date...

Incentive Structure Compliance

Verifying incentive programs meet IRS regulations and avoid penalties.

Maximum Incentive Value (USD)

Enter a number...

Incentive Type

- ☐ Cash
- ☐ Gift Card
- ☐ Premium Reduction
- ☐ Other

Percentage Reduction (for premium reductions)

Enter a number...

Description of Incentive Conditions

Write something...

Qualified Medical Expense Reimbursement Compliance

- ☐ Yes
- ☐ No
- ☐ N/A

Date Incentive Program Established

Enter date...

IRS Safe Harbor Compliance (Select all that apply)

- ☐ Good Faith
- ☐ Non-discrimination testing
- ☐ Written plan
- ☐ No retaliatory effect

Plan Document ID

Write something...