

# 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...