

YMCA Subsidy Program

In partnership with the YMCA of Greater Syracuse, Crouse Health is offering employees the opportunity to earn a reduced monthly membership rate. Employees who visit the YMCA on a regular basis (as defined) can earn \$20 off of the monthly individual, 2-person or family rate! No annual contract or one time registration fee is required.

Participating Branches:

The branches included in this program are listed below:

[Downtown Syracuse YMCA](#) (340 Montgomery Street, Syracuse, NY 13202; 315.474.6851)

[East Area Family YMCA](#) (200 Towne Drive, Fayetteville, NY 13066; 315.637.2025)

[Manlius YMCA](#) (140 West Seneca Street, Manlius, NY 13104; 315.692.4777)

[North Area Family YMCA](#) (4775 Wetzel Road, Liverpool, NY 13090; 315.451.2562)

[Northwest Family YMCA](#) (8040 River Road, Baldwinsville, NY 13027;

[Southwest YMCA](#) (OCC; 4585 West Seneca Turnpike, Syracuse, NY 13215; 315.498.2699)

[Fulton YMCA](#) (715 W Broadway, Fulton, NY 13069; 315.598.9622)

How the Program Works:

To enroll, submit the enclosed “Enrollment and Payroll Deduction” Form (Page 2) by the “Deadline to Enroll or Opt-out” listed below. On or after the Cycle Start Date, complete an application at a participating YMCA location to obtain your member card. You will remain in the program until you Opt-out of the program (please see Page 3 for Opt-out details and timeframes).

The cost of a standard YMCA individual plan is \$40.75 per month (\$122.25 for each three-month cycle). For each three-month cycle, your payroll deduction will be \$62.25 (which is the reduced rate of \$20.75 per month) if you meet the visit requirements below. If you are an existing member, notify the YMCA that you are joining the Crouse program so your current payment to the YMCA can be adjusted accordingly.

To earn the reduced rate, the employee must meet the visit requirements for each cycle as listed below. After each cycle, Simply Well receives a visit report from the YMCA which captures visits to the participating locations above. If you do not meet the visit requirement for a cycle based on this report, you will be charged an additional \$60 via payroll deduction (which is the \$20 per month reduction you received prior to the three-month cycle). If you do not earn the reduced rate, you will pay the standard YMCA rate of \$122.25 for the three-month cycle (\$40.75 per month).

Membership Cycle	Cycle Start and End Dates	Deadline to Enroll or Opt-out*	Required <u>Employee</u> Visits to Earn Reduced Rate	Your Payroll Deduction Prior to Cycle
Fall Cycle	Aug. 20 – Nov. 19	Forms due Aug. 1	Total Visits Required = 24	\$62.25
Winter Cycle	Nov. 20 – Feb. 19	Forms due Nov. 1	Total Visits Required = 24	\$62.25
Spring Cycle	Feb. 20 – May 19	Forms due Feb. 1	Total Visits Required = 24	\$62.25
Summer Cycle	May 20 – Aug. 19	Forms due May 1	Total Visits Required = 18	\$62.25

To enroll in a 2-person or family plan, you will follow the enrollment steps above to join the Crouse program and you will pay a portion of your YMCA rate through payroll deduction. You will then work with the YMCA directly to enroll and pay for additional members.

To discontinue the Crouse program, you are required to submit the “YMCA Subsidy Program Opt-out Form” (Page 3) according to the instructions on the form. You are automatically enrolled in the next cycle unless you submit the “YMCA Subsidy Program Opt-out Form” by the “Deadline to Enroll or Opt-out” noted above. You will remain a member of the program through the end of the cycle in which you are currently enrolled.



SIMPLY WELL YMCA SUBSIDY PROGRAM

Enrollment and Payroll Deduction Authorization Form

REQUIRED

List your home branch: _____

Please check one:

- ☐ I am an existing YMCA member
☐ I am a NEW YMCA member

Program enrollment date (check one):

- ☐ August 20th ☐ Feb 20th
☐ Nov 20th ☐ May 20th

Employee Name (print) _____

Employee Number _____

Preferred Email (print) _____

Phone Number _____

I authorize my employer's Payroll Department to deduct from my paycheck:

Enrollment Deduction: \$62.25 corresponding with each cycle

(Cycles begin on the 20th of August, November, February and May)

"Enrollment Deductions" will begin corresponding with your enrollment date (check enrollment date above). I acknowledge that Enrollment Deductions for each cycle will continue on a quarterly basis until I provide written request to be removed from the YMCA Subsidy Program. To be removed from the program for the next cycle, I understand I need to complete the "YMCA Subsidy Program Opt-out Form" and submit according to the instructions on the form by the first of the month in which the cycle begins. I understand that even if I opt-out of the program, I am enrolled through the end of the cycle in which I am currently enrolled and responsible for any pending "Non-compliance Deductions" associated with not meeting program requirements.

If I do not meet program requirements, I further authorize my employer's Payroll Department to deduct from my paycheck:

Non-compliance Deduction: \$60.00 corresponding with each cycle that I do not meet the visit requirements

I acknowledge my understanding of the YMCA Subsidy Program requirements and that the YMCA report is the source of information to determine if I have met these requirements. I understand that even if I opt-out of the program and do not plan to participate in a future cycle, I am still responsible for any pending "Non-compliance Deductions" associated with not meeting program visit requirements.

I agree that in the event of separation from employment, I am legally obligated to satisfy the balance immediately through payroll deduction or direct payment to my employer.

This form must be returned to the Crouse Health Wellness & Population Health Coordinator using one of the following methods:

- Email to Ngoc Pham at simplywell@crouse.org (confirmation receipt will be provided)
- Deliver a signed copy to Ngoc Pham on 8 Memorial and email simplywell@crouse.org to confirm your intent to enroll in the program. You will receive a response to this email as confirmation of receipt.

Employee Signature _____

Date _____

**REQUIRED****Program Termination Date (check one):**

- ☐ August 19th
☐ November 19th
☐ February 19th
☐ May 19th

YMCA SUBSIDY PROGRAM**Opt-out Form**

Once enrolled in the program, "Enrollment Deductions" are automatically deducted from your paycheck and correspond with the beginning of each cycle (cycles begin on the 20th of August, November, February and May).

To be removed from the program for the next cycle, I understand I need to complete the "YMCA Subsidy Program Opt-out Form" and submit according to the instructions on this form by the first of the month in which the cycle begins. Even if you opt-out of the program, you will remain a member of the program through the end of the cycle in which you are currently enrolled and responsible for any pending "Non-compliance Deductions" associated with not meeting program requirements for previous cycles.

Employee Name (print) _____

Employee Number _____

Please accept this as my written request to be removed from the YMCA Subsidy Program. I acknowledge the following:

- I will remain enrolled in the program through the end of the cycle in which I am currently enrolled
- I understand the program requirements and I will be responsible for any pending "Non-compliance Deductions" if I do not meet these program requirements
- I need to contact the YMCA to cancel any payments I am making to the YMCA directly (applies to those with 2-person or family plans)

This form must be returned to the Crouse Health's Health System Navigator using one of the following methods:

- Email to Ngoc Pham at simplywell@crouse.org (receipt confirmation will be provided)
- Deliver a signed copy to Ngoc Pham on 8 Memorial and email simplywell@crouse.org to confirm your intent to opt out of the program. You will receive a response to this email as confirmation of receipt.

Employee Signature _____

Date _____

Reason for Opt Out _____