



LIVESMART Fitness and Recreational Activities Reimbursement

Applicable Group: All Employees

Date of Issue: March 25, 1999

Current Revision: January 14, 2019

LIVESMART Fitness Activities Reimbursement

The company encourages employees to participate in the LIVESMART Wellness Program and in recreational and fitness activities as a means to better health. To promote this policy, the company will share the cost of the defined employee health and physical fitness activities listed below. To qualify, an employee must be a LIVESMART program participant. The LIVESMART team will review requests for reimbursement and certify reimbursement of eligible expenses semi-annually. Requests must be submitted by June 28, 2019 for the period of January-June and December 13, 2019 for the period July-December of each year. All Reimbursement Requests must be submitted for the year no later than December 13, 2019.

Beginning with expenses incurred on or after January 1, 2019, employees may request reimbursement for 50% of associated costs up to \$400 (total per family) annually toward recreation and fitness activities. For example, if the gym membership is \$600, the amount of \$300 is eligible for reimbursement.

The following items are covered:

- Fitness center or gym membership.
- Weight Watchers® or other weight loss program or service.
- Membership to martial arts, personal training, yoga, or other health related studio.
- Registration fees for participation in sporting events to include walking, running/jogging, triathlons, marathons, fun runs, swimming, cycling, skiing, company sponsored athletic teams, or similar activities.

Applications for cost sharing may be obtained from the LIVESMART website www.livesmartoni.com.

Submit documentation to:

LIVESMART Health and Wellness

c/o O'Neal Steel

P. O. Box 2623, Birmingham, AL 35202

To be eligible, employees must work an average of 30 hours per week, have been employed by O'Neal for at least six months and be a current LIVESMART participant. Requests for reimbursement will be processed a maximum of twice per calendar year, and will be reflected as "Other Income" on an employee's W-2 for tax reporting purposes. Beginning in 2014 all O'Neal Steel, O'Neal Manufacturing Services, and O'Neal Industries' fitness reimbursements are processed through payroll.

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.

Company Sponsored Athletic Teams

The company will sponsor the participation of its employees in certain organized athletic activities such as basketball, softball, bowling, touch football, etc. All athletic activity must be done on the employee's own time, and employees are required to release the company from any liability for injuries sustained during such activity. This release must be in writing. Release forms may be obtained from the Human Resources Department.

Employees interested in forming such a team must submit a request in writing to the General Manager or Department Manager. This request must detail the specific type of proposed activity, a list of O'Neal employees willing to participate, and an estimate of the total team expenses (including general liability and medical insurance) to be paid by the company. To qualify for approval, at least 75% of the team must be O'Neal employees. Participation or non-participation on company sponsored athletic teams will have no bearing on an employee's status with O'Neal.

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.

LIVSMART Fitness and Recreational Activities Reimbursement Application

Return completed application by e-mail: connect@livesmartoni.com

Regular mail: LIVSMART Health and Wellness, c/o O'Neal Steel, P.O. Box 2623, Birmingham, AL 35202

Step 1

Employee's Name: _____

Fitness Membership Holder: _____

Company: _____ Location/District: _____

Phone: _____ E-mail address: _____

Step 2

ATTENTION: Before submitting please confirm by checking all of the following (3) items are COMPLETED and INCLUDED for Fitness Reimbursement approval.

- ☐ I participate in LIVSMART.
- ☐ I have attached an activity log from my fitness facility or completed the physical activity log (attached) verifying a minimum of 30 minutes of physical activity on each of 8 dates per calendar month.
- ☐ I have enclosed my payment receipt for costs associated with this activity.

Step 3

FITNESS FACILITY MEMBERSHIP REIMBURSEMENT

Facility Name: _____ Phone Number: _____

Membership Type (Please circle one): Single Family 2-Person

What is your membership monthly fee? _____

What is the total amount paid? (January 1, 2019 – June 28, 2019) _____

What is the total amount paid? (July 1, 2019- December 31, 2019) _____

CLASS/TRAINING/ EVENT REIMBURSEMENT

Training/Event Name: _____ Phone Number: _____

What is your monthly fee? _____

What is the total amount paid? (January 1, 2019 – June 28, 2019) _____

What is the total amount paid? (July 1, 2019- December 31, 2019) _____

(50% of associated cost, up to \$400.00 for United Performance Metals employees, will be reimbursed (total per family) annually.)

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.

Name: _____ Company: _____

Phone: _____

Please attach an activity log from your fitness facility or complete the physical activity log below verifying a minimum of 30 minutes of physical activity on each of 8 dates per calendar month.

Physical Activity Log (circle dates you engaged in 30+ minutes of physical activity and total those days):

January	February	March	April	May	June
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8
9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12
13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16
17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20
21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24
25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28
29 30 31	29	29 30 31	29 30	29 30 31	29 30
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____

July	August	September	October	November	December
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8
9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12
13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16
17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20
21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24
25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28
29 30 31	29 30 31	29 30	29 30 31	29 30	29 30 31
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____

I hereby certify that the above information and the attachments furnished are correct. In accepting the company's reimbursement, I certify to regularly attend the club and/or participate in aerobic conditioning programs and will encourage my family to do so. I also agree that in the event my employment is terminated, that a prorated share of all membership dues and fees paid by the company will be deducted from my last check.

Employee Signature _____

Date _____

Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.