



GYM MEMBERSHIP

MAKING HEALTH POSSIBLE

Explore the Benefits of Our Wellness Centers!

Hancock Wellness Centers is pleased to partner with Hancock County Commissioners to offer subsidized memberships to eligible employees* at all three of our Wellness Center locations. In addition to savings on current member rates, employees also pay zero dollar enrollment fees** upon joining.

LOCATIONS

Your membership provides full access to our programs and services at all three locations in Hancock County!

Greenfield

(317) 468.6100
888 W New Rd,
Greenfield, IN 46140

Amenities include lap pool, full court basketball, hot tub, steam room, sauna, and more!

New Palestine

(317) 866.7400
4055 Roy Wilson Way
New Palestine, IN 46163

Amenities include walking track, lap pool, rec pool, full court basketball, hot tub, steam room, sauna, and more!

McCordsville

(317) 335.6939
8505 N Clearview Dr
McCordsville, IN 46055

Amenities include walking track, HealthHut Cafe, lap pool, full court basketball, hot tub, and more!



MEMBER RATES

Monthly Fee, 12-Mth Contract

Single: \$20 (Regularly \$50)

** Subsidized membership rates apply to eligible employees based on employer terms and conditions. Eligible employees must join in-person and show employer ID to receive listed rates at any of Hancock Wellness Center's three locations. Current members who are eligible employees must request that their current membership contract be updated to reflect rates above.*

*** Zero enrollment fees apply for new members*

FACILITY HOURS

Our facilities are open seven days a week!

Monday through Friday:
5:30 a.m. to 9:00 p.m.

Saturday:
7:00 a.m. to 5:00 p.m.

Sunday:
8:00 a.m. to 5:00 p.m.



VISIT US AT HANCOCKHEALTH.ORG

Hancock Wellness Center Employee Membership Agreement

This agreement ("Agreement") is made between _____
Employee

("Employee") and Hancock County Government ("HCG") on _____
Date

1. Membership Discount: Employee is eligible for a discounted 12-month membership at Hancock Wellness Center ("HWC") under the following conditions:

- Employee must be actively employed
- Must have a copy of this signed document on file with Human Resources
- Employee must maintain an average of at least one visit per week to HWC, measured over a quarter.

2. Probation Period: a.) If Employee fails to maintain the required average of one visit per week over a quarter, Employee will be placed on probation for a period of one quarter. b.) During the probation period, Employee must work to meet the visitation requirement to retain the discounted membership status. c.) If an employee fails to meet the visitation requirement for two (2) consecutive quarters, said employee would lose access to the discounted membership for a period of one (1) year.

3. Membership Conversion: a.) If Employee fails to meet the visitation requirement for two consecutive quarters, their membership will be converted to a full-priced membership with HWC. b.) The conversion will take effect at the beginning of the third quarter of non-compliance. c.) Employee will be responsible for paying the full membership fees as per HWC's standard rates. d.) Employee memberships will be converted to full HWC memberships upon termination of employment with HCG.

4. Compliance Monitoring: a.) HWC and HCG reserve the right to monitor Employee's visitation records to ensure compliance with the visitation

requirement. b.) Any disputes regarding visitation records will be resolved by HWC.

5. Termination: a.) HCG reserves the right to terminate Employee's discounted membership at any time for violation of the terms of this Agreement or for any other reason deemed appropriate by HCG or HWC.

6. Fringe Benefit: This membership discount of \$18 is considered a fringe benefit by the IRS and is taxable. You will see the \$18 on your paycheck added to your gross wages for tax purposes only. You will not receive any cash benefit, but HCG is required to withhold taxes.

7. Agreement Acceptance: By signing below, Employee acknowledges that they have read and understood the terms of this Agreement and agree to comply with its provisions.

Employee Signature: _____ **Date:** _____

Note: This Agreement is subject to the terms and conditions outlined in HWC's membership policies and procedures.

Return this signed agreement to hancock-hr@hancockin.gov and head to the HWC gym with your County ID card to sign up!