

Human Resources Policy Onsite Personal Fitness Equipment

10/08/2018



This guideline applies to all U.S. based employees.

Lumen's Well Connected Program promotes the health and wellbeing of our employees. A major component of the program is the promotion of physical activity. Physical activity is associated with many positive health benefits and can prevent or delay the onset of many chronic diseases.

Employees may take advantage of the Fitness Reimbursement Program which reimburses employees a portion of the cost of gym membership and fitness classes (find the Fitness Reimbursement Policy in the Employee Resources for more information.) Additionally, to promote increased physical activity while at work, Lumen supports the following, where available:

- Designated onsite fitness centers, where applicable.
- Employee-provided, personal-use fitness equipment (defined below) to use in the designated onsite wellness area, at the employee's desk or personal work area
- Standing, where possible, at your desk, during meetings, conference calls, etc. Headsets are encouraged and available through the company's office supply catalog. Standing workstations (defined below) are also an option.
- Physical activity breaks during meetings, conferences, and events such as stretch breaks
- Physical activity opportunities such as walking routes, organized walking groups and other group activities
- Physical activity such as exercise breaks done at your desk, as schedules allow

To request a designated onsite wellness area, or learn more about local physical activities contact Amanda Whiddon, Lumen's Wellness Program Manager at Amanda.whiddon@lumen.com or 318-330-6779.

Personal-Use Fitness Equipment

To provide a safe environment and limit the potential risk to employees and the company, the following guidelines apply to equipment provided by the employee and brought into the workplace:

- Small personal-use fitness equipment (not shared) that can be stored easily at the employee's workstation is allowed. Examples include:
 1. Stretching aids (i.e., Light resistance bands or therabands)
 2. Therapy balls (not to be used as workstation chairs)
 3. Trigger point massagers
 4. Small hand weights no more than 10 pounds
 5. Yoga mats
 6. Foam rollers
 7. Jump rope
- No motorized equipment which requires electricity is allowed (e.g. treadmill)
- No equipment which would be shared and require on-going maintenance, cleaning/disinfection (e.g., exercise bikes, rowing machines, stepping machines, free weights, weight machines, elliptical etc.)

Standing Workstations

To allow for a flexible work area, in support of Wellness interests and Ergonomically-friendly workstations employees are allowed to bring in personal sit/stand devices for their workstations. A few ergonomic items to point out that will help you when making your purchase selection and setting up/using your sit/stand workstation:

- Ensure that the height of your monitor changes as you sit and stand to avoid neck, shoulder, and back strain. You should also adjust the distance between you and your monitor, which for most people is an arm's length away from your eyes.
- Ensure that your keyboard and other input devices are positioned at the appropriate height to reduce the risk of wrist extension. The preferred position for most people is to keep the forearms parallel to the floor and elbows at the sides.

From a Furniture Management perspective Lumen in general, does not provide sit/stand workstations. However, employees are now allowed to obtain and use a sit/stand workstation if they want one, subject to Business Unit discretion. That decision resides within the Business Unit of the employee seeking a sit/stand workstation. That means the individual Business Unit must agree to pay for the cost of the workstation out of their own Cost Center budget. In essence seeking, obtaining, and paying for a sit/stand workstation is available under a "Self-Serve" purchasing model. Sit/Stand Workstations are available under the current Office Supplies Contract (currently with OfficeMax This may have changed...need to verify), and can be obtained using the same ordering protocol that applies to the ordering of office supplies. Please contact your immediate supervisor for information about how to order office supplies or sit/stand desk furniture through the Lumen Office Supplies Provider at our contracted rates.

Instructor Led or Self-Directed Employee Group Activities

All volunteer group led (e.g., yoga class led by an instructor) or employee self-directed (e.g., group of employees follow a fitness DVD) activities must be approved through the Wellness Program Manager. If approved, completion of a Waiver (see below) is required if participating in onsite fitness classes and returned to the Wellness Program Manager at well.connected@lumen.com.

If at any time activities or equipment are deemed hazardous or disruptive in the work environment, Lumen has the right to not allow them or remove them from the workspace.

U.S. Reserved Rights:

Lumen reserves the right to amend or terminate any employee policy – with respect to any or all classes of employees – without prior consultation with any employee, subject to any applicable laws and collective bargaining agreements. Lumen has the sole right and discretion to interpret and administer the terms of this Policy, including resolution of any questions regarding its scope, application or meaning. The decision of the Company shall be conclusive and binding on all persons.

HR use only:

Effective date: 10/08/2020
Updated: 09/14/2020
Owner: Human Resources
Approval: EVP Human Resources
Scope: US Employees

ONSITE FITNESS ACTIVITY VOLUNTARY RELEASE AND WAIVER OF CLAIMS

Version 3 – Issued 07/08/16

I wish to participate in a (the “Activity”) held on the premises of Lumen and led by a volunteer instructor or is employee self-directed (Lumen, its subsidiary, parent and affiliated companies, its sponsored employee benefit plans and its respective employees and officers are collectively called “Lumen” in this document.)

Lumen is simply providing a place for the Activity to be held. Lumen has not in any way encouraged my participation in the Activity and has not promised to me anything in return for my participation in the Activity. Participating or declining to participate in the Activity will have no effect on any term or condition of my employment. Lumen does not sponsor the Activity. The Activity is not an employer-provided benefit.

My participation in the Activity is strictly voluntary. My participation in the Activity will be done on my own time, outside of work hours, and is not in any way related to my work.

I am aware that participation in a physical exercise, such as the Activity, may result in accident or injury. I hereby assume the risks of any injury or damage sustained while engaging in the Activity. Lumen has no obligation or duty, and has assumed no obligation or duty, for my safety in participating in the Activity.

I acknowledge that neither Lumen nor any instructor has rendered or will render any medical services, including any medical diagnosis of my physical condition. I affirm that I am in good health and that I am fit to participate in the Activity.

I agree that neither Lumen nor the instructor shall be liable for any personal injury, property damage, expense, attorneys’ fees, lawsuits, or loss of any kind whatsoever, whether known or unknown and whether fixed or contingent, resulting from or related to my participation in the Activity (the “Released Claims”). The Released Claims specifically include any loss or damage which is or may be sustained as a result of any act, statement, omission, failure to warn or condition of property. I hereby release and discharge Lumen and the instructor from any and all claims or liabilities in any way relating to the Released Claims. I further agree to indemnify and hold both Lumen and the instructor harmless from any and all claims or liabilities in any way relating to the Released Claims.

By choosing to participate in the Activity, I affirm all of the above stipulations.

I have read the above release and waiver of claims. I fully understand its contents, and I voluntarily agree to its terms and conditions. I understand that I am encouraged to have my legal counsel review this Release if I have any questions regarding its terms.

Name (Print) _____

Signature _____ Employee Number _____

Date _____ Phone Number _____ City/Zip _____

Emergency Contact _____ Emergency Phone _____

Submit to: well.connected@lumen.com