



# 2016 City Wellness Incentive Form

[www.cityofracine.org/health/wellness](http://www.cityofracine.org/health/wellness)

The City Wellness Program benefits extend beyond the financial incentive by providing information and support to either maintain or improve health status.

### **Reimbursement Methods:**

- Employees (and spouses) will receive the reimbursement through regular payroll deposit.
- Retirees (and spouses) will receive reimbursement through a check mailed to their home.

### **Policies:**

- Employees / Retirees will receive \$200 for completion of the 3 steps listed below.
- Employee Spouses / Retiree Spouses will receive \$100 for the completion of the 3 steps.

_____	_____	<b><u>Check Your Status:</u></b>	
Print Your Name	Employee #	<input type="checkbox"/> Employee	<input type="checkbox"/> Retiree*
		<input type="checkbox"/> Employee Spouse	<input type="checkbox"/> Retiree Spouse*

_____	_____	<b><u>Check Spouse's Status:</u></b>	
Print Your Spouse's Name (if applicable)	Employee #	<input type="checkbox"/> Employee	<input type="checkbox"/> Retiree*
		<input type="checkbox"/> Employee Spouse	<input type="checkbox"/> Retiree Spouse*

\*Retiree Current Address: \_\_\_\_\_  
\_\_\_\_\_

### **Complete the 3 Steps of the 2016 City Wellness Program & attach the supporting documentation**

1. **Health Assessment** – Must Attach RALLY Completion Page

Check One:  RALLY Online Survey       Hard Copy      Date Completed: \_\_\_\_\_

2. **Educational Session** (or Pod Casts –[go.uhc.com/podcasts/uhc/](http://go.uhc.com/podcasts/uhc/)) – **Must Attach Evaluation Form**

\_\_\_\_\_

Name of Educational Session/Pod Cast

\_\_\_\_\_

Date Completed

3. **Consultation with a Health Professional** – Meet with Debbie Mazius, County and City Health Center, or Personal Physician to establish annual Health and Wellness Goals.

\_\_\_\_\_

Signature of Health Professional

\_\_\_\_\_

Date Completed

_____	_____
Your Signature	Today's Date

Submit this completed form and supporting documentation **NO LATER THAN 12/14/2016** to City of Racine Human Resources, 730 Washington Avenue, Room 204, Racine, WI 53403

**Late forms will NOT be accepted for reimbursement**