



2023 Wellness Incentive Form

<http://cityofracine.org/CoreWellness/>

Incentive Payment:

- Employees & Retirees will receive \$200; Employee Spouses & Retiree Spouses will receive \$100.
- The incentive is paid via direct deposit.
- Employees, spouses, retiree and retiree spouses covered by the City health insurance plan are eligible.

Form Deadline:

- Submit requirements by **April 21st, 2023** and receive incentive: **May 5th, 2023**
- Submit requirements by **May 19th, 2023** and receive incentive: **June 2nd, 2023**
- Submit requirements by **June 30th, 2023** and receive incentive: **July 14th, 2023**
- Submit requirements by **August 25th, 2023** and receive incentive: **September 8th, 2023**
- Submit requirements by **October 6th, 2023** and receive incentive: **October 20th, 2023**
- Submit requirements by **November 3rd, 2023** and receive incentive: **November 17th, 2023**

Directions:

- Employees, Employee Spouses, Retirees & Retiree Spouses must complete enough tasks to have at least 150 points.
- Some task require documentation to be submitted. Please look for the (*) by the task
- If documentation is required but not submitted, the individual will not receive credit for that task.



2023 City Wellness Incentive Form

Incentive Requirement:

- Complete desired tasks below to earn points
- Must have 150 points to earn wellness incentive

_____ Print Your Name	_____ Employee #	Check Your Status: Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Employee Spouse <input type="checkbox"/> Retiree Spouse <input type="checkbox"/>	
_____ Department Name	_____ Date of Birth		

150 points needed to earn the 2023 Wellness Incentive. Please sign and date below.

Task	Points	Completed (put an "X", or have the provider initial here)
Consultation with a Licensed Health Professional *Health Professional must sign below <u>or</u> provide an appointment summary	100	
Complete Health Risk Assessment	20	
Complete biometric screening through primary care provider or onsite biometric screening event.	40	
Smoking cessation program (completion of entire program) *Must submit program completion documentation Name of Program: _____ Date Completed: _____	70	
Preventative Health Screens/Chronic Disease Management monitored at the Employee Health and Wellness Center: <ul style="list-style-type: none"> • Blood Pressure monitoring – 3 check-ins required • Cholesterol monitoring – 3 check-ins required • Bone Density Screening • Preventative cancer screening *Must provide appointment confirmation for all appointments	50 50 50 50	
200,000 steps <u>or</u> 600 minutes of activity in a calendar month *Must submit proof through tracking device or app; submit monthly total and not individual days/weeks totals	30	
Participate in two (2) City Wellness programs (excludes EAP webinars; see task below) *Sign-up required and/or item submission required to receive points Name of Wellness Program 1: _____ Name of Wellness Program 2: _____	20	
Attend a Financial Wellness consultation through the Racine Financial Empowerment Center * Must submit City of Racine Financial Wellness Consultation Form	20	

Participate in an organized athletic event (walk, run, triathlon, etc) (Maximum of 2 events) *Must provide a copy of your registration	10 per event; maximum of 20 (2 events)	
Preventative Dental Exam *Must provide appointment confirmation or provide the name of dental office and date of visit Name of Dental Office: _____ Date of Visit: _____ Name of Dental Office: _____ Date of Visit: _____	15 per visit; maximum of 30 (2 visits)	
Preventative Vision Exam *Must provide appointment confirmation or provide the name of vision office and date of visit Name of Vision Office: _____ Date of Visit: _____	15	
Participate in a formal volunteer event (Minimum 1 hour of volunteer time) *Submit City of Racine verification form	15	
Attend Aurora EAP Webinar done quarterly through Zoom	10	
Meet with a personal trainer (Maximum of 1 session) *Must submit session/appointment confirmation	10	
Watch online webinar, here: (maximum of 2 videos) http://cityofracine.org/health/wellness	5 per video; maximum of 10	
Annual Influenza (Flu) vaccine	5	
Water Intake – drink at least 64 ounces of water 4 out of 7 days each week for one (1) month * Must submit proof through tracking device or app ; submit monthly total and not individual days/weeks totals	5	

***Submission of materials required**

Signature of Health Professional

Date Completed

Signature of Participant Receiving Reimbursement

Today's Date

Submit this completed form, **NO LATER THAN November 3rd, 2023** to
City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI, 53403