



## 2024 Active Employee Wellness Incentive Form

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

### Incentive Payment:

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

### Form Deadline:

- Submit requirements by **April 19<sup>st</sup>, 2024** and receive incentive: **May 3<sup>rd</sup>, 2024**
- Submit requirements by **May 31<sup>st</sup>, 2024** and receive incentive: **June 14<sup>th</sup>, 2024**
- Submit requirements by **June 28<sup>th</sup>, 2024** and receive incentive: **July 12<sup>th</sup>, 2024**
- Submit requirements by **September 6<sup>th</sup>, 2024** and receive incentive: **September 20<sup>th</sup>, 2024**
- Submit requirements by **October 4<sup>th</sup>, 2024** and receive incentive: **October 18<sup>th</sup>, 2024**
- Submit requirements by **November 1<sup>st</sup>, 2024** and receive incentive: **November 15<sup>th</sup>, 2024**

### Directions:

- Employees and Employee Spouses must complete enough tasks to have at least 175 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.
- WellRight Platform – Each category below will have an activity/challenge for each month. Items will be posted quarterly on the platform:
  - Fitness/Movement
  - Mental Health
  - Nutrition

*\*\*There will be more task to participate in through WellRight, in addition to the ones stated below. Take a look!*

### Wellness Portal (WellRight) – Active Employees

- If you complete the wellness incentive through WellRight, you do not need to complete the paper form. The Human Resources department will receive a report with everyone that completes the points through the portal.



# 2024 Active Employee City Wellness Incentive Form

**Incentive Requirement:**

- Complete desired tasks below to earn points
- Must have 175 points to earn wellness incentive

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

**175 points needed to earn the 2024 Wellness Incentive. Please sign and date below.**

Task	Points	Completed (put an "X")
Consultation with a Licensed Health Professional <i>*Health Professional must sign below or provide an appointment summary</i>	100	
Complete biometric screening through primary care provider or onsite biometric screening event. Blood pressure, height, weight, body fat %, BMI, tobacco attestation and a fasting blood draw (lipid panel and blood glucose)	50	
Smoking cessation program (completion of entire program) <i>*Must submit program completion documentation</i> 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"> <li>• Blood Pressure monitoring – 3 check-ins required</li> <li>• Cholesterol monitoring – 3 check-ins required</li> <li>• Bone Density Screening</li> <li>• Preventative cancer screening</li> </ul> <i>*Must provide appointment confirmation for all appointments</i>	50 50 50 50	
Make a Blood Donation Location: _____ Date: _____	50	
Complete Real Appeal Program Program Completion Date: _____	100	
Attend a Financial Wellness consultation through the Racine Financial Empowerment Center <i>* Must submit City of Racine <a href="#">Financial Wellness Consultation Form</a></i>	20	
Participate in four (4) Wellness Challenges/Activities throughout the year (Visit City Wellness Monthly Calendars, <a href="#">here</a> ) <i>*If items are submitted for the challenge/activity, you will receive those points for completing that challenge/activity. Human Resources will confirm completion.</i>		

1 _____ Points _____	Total number of points:  = _____	
2 _____ Points _____		
3 _____ Points _____		
4 _____ Points _____		
Participate in an organized athletic event (walk, run, triathlon, etc) <i>*Must provide a copy of your registration</i>	10 points per event; maximum of 50 points	
Give Back; Volunteer at an Event (Minimum 1 hour of volunteer time) <i>*Submit City of Racine <a href="#">Verification Form</a></i>	50	
Preventative Dental Exam Name of Dentist Office: _____ Date of Visit 1: _____ Name of Dentist Office: _____ Date of Visit 2: _____	15 points per visit; maximum of 30 points	
Preventative Vision Exam Name of Vision Office: _____ Date of Visit: _____	15	
Attend Aurora EAP Webinar done quarterly through Zoom	10	
Meet with a personal trainer (Maximum of 1 session) <i>*Must submit session/appointment confirmation</i>	10	
Register for Wellness Portal	10	
Watch online webinar, here: (maximum of 2 videos) <a href="http://cityofracine.org/health/wellness">http://cityofracine.org/health/wellness</a> Video 1: _____ Video 2: _____	5 points per video; maximum of 10 points	
Receive an Immunization	15 points per vaccine; maximum of 30 points	

**\*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 1<sup>st</sup>, 2024** to  
City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI, 53403