



# 2024 Retiree Wellness Incentive Form

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

## **Incentive Payment:**

- Retirees will receive \$200 & Retiree Spouses will receive \$100.
- The incentive is paid via direct deposit.
- Retiree and retiree 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:**

- Retirees & Retiree 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.

## **To Submit your form:**

- Email – [Benefits@cityofracine.org](mailto:Benefits@cityofracine.org)
- Mail – City of Racine  
Atn: Human Resources  
730 Washington Ave  
Racine, WI 53403
- Drop off in-person (City Hall – Room 204)



# 2024 Retiree 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>	Retiree <input type="checkbox"/>
_____	_____	Retiree 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	
200,000 steps or 600 minutes of activity in a calendar month <i>*Must submit proof through tracking device or app; submit monthly total and not individual days/weeks totals</i>	30	
Participate in two (2) <a href="https://cityofracine.org/CityWellness/NewsLetter/">City Wellness programs</a> (excludes EAP webinars; see task below) Website: <a href="https://cityofracine.org/CityWellness/NewsLetter/">https://cityofracine.org/CityWellness/NewsLetter/</a> Name of Wellness Program 1: _____ Name of Wellness Program 2: _____ <i>*Must provide documentation for both programs you participate in</i>	20	
Attend a Financial Wellness consultation through the <a href="#">Racine Financial Empowerment Center</a>	20	

Website: <a href="https://racinefec.org">https://racinefec.org</a> Location: 500 Wisconsin Ave Suite 205 Racine, WI 53403 <b>* Must submit City of Racine <a href="#">Financial Wellness Consultation Form</a></b>		
Participate in an organized athletic event (walk, run, triathlon, etc) <b>*Must provide a copy of your registration</b>	10 points per event; maximum of 50 points	
Give Back; Volunteer at an Event (Minimum 1 hour of volunteer time) <b>*Submit City of Racine <a href="#">Verification Form</a></b>	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) <b>*Must submit session/appointment confirmation</b>	10	
Watch online webinar, here: (maximum of 2 videos) Website: <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	
Water Intake – drink at least 64 ounces of water 4 out of 7 days each week for one (1) month <b>* Must submit proof through tracking device or app ; submit monthly total and not individual days/weeks totals</b>	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 1<sup>st</sup>, 2024** to  
City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI, 53403