



2025 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 18th, 2025** and receive incentive: **May 2nd, 2025**
- Submit requirements by **May 30th, 2025** and receive incentive: **June 13th, 2025**
- Submit requirements by **June 27th, 2025** and receive incentive: **July 11th, 2025**
- Submit requirements by **September 5th, 2025** and receive incentive: **September 19th, 2025**
- Submit requirements by **October 3rd, 2025** and receive incentive: **October 17th, 2025**
- Submit requirements by **November 7th, 2025** and receive incentive: **November 26th, 2025**

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 Platform (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.



2025 Active Employee City Wellness Incentive Form

Incentive Requirement:

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

		<u>Check Your Status:</u>
<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 2025 Wellness Incentive. Please sign and date below.

Task	Points	Completed (put an "X")
Tasks that require documentation:		
Consultation with a Licensed Health Professional <i>*Health Professional must sign below or provide an appointment summary</i>	100	
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"> • Blood Pressure monitoring – 3 check-ins required • Cholesterol monitoring – 3 check-ins required • Bone Density Screening • Preventative cancer screening <i>*Must provide appointment confirmation for all appointments that list dates and times of each appointment – Do not just write dates and time(s) of appointments next to task above</i>	50 50 50 50	
Give Back; Volunteer at an Event (Minimum 1 hour of volunteer time) <i>*Submit City of Racine Verification Form</i>	50	
Attend a Financial Wellness consultation through the Racine Financial Empowerment Center Location: 500 Wisconsin Ave Suite 205 Racine, WI 53403 <i>* Must submit City of Racine Financial Wellness Consultation Form</i>	20	
Participate in Wellness Challenges/Activities throughout the year stated on the Wellness Platform, WellRight . <i>*Must submit items for each activity through the Wellness Platform to receive the points for each challenge.</i> <i>*25 points per challenge/activity</i> Quarter 1: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Quarterly Challenge Quarter 2: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Quarterly Challenge	Total number of points: = _____	

Quarter 3: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Quarterly Challenge Quarter 4: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Quarterly Challenge		
Participate in an organized athletic event (walk, run, triathlon, etc) *Must provide a copy of your registration	10 points per event; maximum of 50 points	
Meet with a personal trainer (Maximum of 1 session) *Must submit session/appointment confirmation	10	
Task that do not require documentation:		
Complete Real Appeal Program Program Completion Date: _____	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	
Make a Blood Donation Location: _____ Date: _____	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	
Receive an Immunization	15 points per vaccine; maximum of 30 points	
Watch online webinar, here: (maximum of 2 videos) http://cityofracine.org/health/wellness Video 1: _____ Video 2: _____	5 points per video; maximum of 10 points	

Signature of Health Professional

Date Completed

Signature of Participant Receiving Reimbursement

Today's Date

Submit this completed form, **NO LATER THAN November 7th, 2025** to
City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI, 53403