



2025 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 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:

- 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
- Mail – City of Racine
Atn: Human Resources
730 Washington Ave
Racine, WI 53403
- Drop off in-person (City Hall – Room 204)



2025 Retiree 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> | Retiree <input type="checkbox"/> |
| _____ | _____ | Retiree 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 | |
| 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) City Wellness programs (excludes EAP webinars; see task below) Website: https://cityofracine.org/CityWellness/NewsLetter/ 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 Racine Financial Empowerment Center Website: https://racinefec.org Location: 500 Wisconsin Ave Suite 205 Racine, WI 53403 <i>* Must submit City of Racine Financial Wellness Consultation Form</i> | 20 | |

| | | |
|--|--|--|
| 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 | |
| Meet with a personal trainer (Maximum of 1 session) <i>*Must submit session/appointment confirmation</i> | 10 | |
| Tasks that do not require documentation: | | |
| 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 | |
| Receive an Immunization | 15 points per vaccine; maximum of 30 points | |
| Preventative Vision Exam Name of Vision Office: _____ Date of Visit: _____ | 15 | |
| Watch online webinar, here: (maximum of 2 videos) Website: http://cityofracine.org/health/wellness Video 1: _____ Video 2: _____ | 5 points per video; maximum of 10 points | |
| Water Intake – drink at least 64 ounces of water 4 out of 7 days each week for one (1) month | 5 | |

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