



WELLNESS INCENTIVE

2020 COVER SHEET

Name _____

Department _____

Date _____

Instructions

1. Track your completed options during the year.
2. Attach all required verifications to this form. HR will maintain a record of Safety Fair attendees (be sure to sign in!), and biometric screening and fitness evaluation participants.
3. Turn in one packet (this form + all verifications) to HR by 4:30 p.m. on **Dec. 11, 2020**.

Options	Completed
What's Your Mile Complete the What's Your Mile section of this form	<input type="checkbox"/>
Annual Physical/Preventative Exam Turn in a note from your provider, copy of a bill, or insurance explanation of benefits. Completing the biometric screening at the City's Safety Fair also counts	<input type="checkbox"/>
Dental Screening Turn in a note from your provider, copy of a bill, or insurance explanation of benefits	<input type="checkbox"/>
Vision Screening Turn in a note from your provider, copy of a bill, or insurance explanation of benefits	<input type="checkbox"/>
Attend the City's Safety Fair Look for details about this event in the fall	<input type="checkbox"/>
Fitness Evaluation Complete the Police Department's fitness test or a fitness evaluation from Parks and Recreation	<input type="checkbox"/>
Volunteer Hours Perform eight volunteer hours and complete the Volunteer Hours section of this form	<input type="checkbox"/>

Incentives		
Complete 3 Options	Complete 5 Options (<i>select one</i>)	
<input type="checkbox"/> I would like a free/discounted membership to the Merriam Community Center in 2021	<input type="checkbox"/> I would like \$100 added to my next paycheck	<input type="checkbox"/> I would like 4 hours of wellness time (not available to part-time employees)

Note: If you complete at least five options, you are eligible to receive the free/discounted MCC membership AND either \$100 or 4 hours of wellness time.



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Volunteer Hours

Volunteer Opportunity Details

Organization _____

Project _____

Date Performed _____

Hours Completed _____

Verification

Please have this section signed by either a representative of the organization you volunteered for or your supervisor. You may also attach a separate verification provided by the organization or additional verification forms for multiple opportunities completed.

Signature

Date

What's Your Mile – Cardio Fitness Test

The Rockport Walking Test is an easy way for you to determine your cardio fitness level. Complete a timed, one-mile walk and track your heart rate when you finish. Enter your time and heart rate online at <http://www.whyiexercise.com/rockport-walking-test.html>, along with your weight, age and gender to help evaluate your cardiovascular health and fitness level.

What's Your Mile- Details

One-Mile Walk Time _____

Date Completed _____

Verification

I affirm that I completed a timed one-mile walk for the What's Your Mile Cardio Fitness Test.

Signature

Date