

Name: _____ **ID Number:** _____

To receive a 2017-2018 Well-Being Contribution Credit (which is applied toward and reduces your medical contribution), you will need to complete the following requirements and **scan and send this form to wellbeing@regionalhealth.com** by **June 15, 2017**.

REQUIRED ACTIVITIES	Date Completed
Requirement # 1: Complete a Biometric Screening	
Requirement # 2: Complete the Online Health Risk Assessment	
Requirement #3: Complete at least ONE of the following preventive exams: <input type="checkbox"/> Annual physical <input type="checkbox"/> Annual dental exam <input type="checkbox"/> Annual eye exam <input type="checkbox"/> Recommended age-appropriate screenings	
Requirement #4: Complete at least TWO of the Well-Being Activities listed to the right	



LIST OF QUALIFYING WELL-BEING ACTIVITIES <i>(Must complete at least two of the listed options)</i>	Date Completed
Utilize fitness center 12 times each month for at least 5 months	
Running/Walking/Biking Event: <i>For example: Relay for Life/Mickelson Marathon and ½ marathon, AHA Heart Walk, Volksmarch, Buddy Walk, Walk for Wishes, etc.</i>	
Better Choices/Better Health Workshop	
More Matters – Fruit & Veggie Challenge	
Maintain Don't Gain Challenge	
Stress Challenge	
Spring Training Challenge	
Completion of DPP Program	
5 Well-Being Webinars equals 1 Activity: Event: Event: Event: Event: Event:	
Wellsorce Healthy Living Guidelines Health Videos 12 videos equals 1 Activity: 1. Introduction 7. Physical Activity 2. Cardiovascular Health 8. Good Mental Health 3. Cancer Prevention 9. Practice Safety 4. Preventing Diabetes 10. Healthy Weight 5. Healthy Bones 11. Substance Abuse 6. Eating Well 12. The Next Step	
Weight Management	
Completion of Tobacco Cessation Program	
Completion and Submission of Personal Advance Directive	

Caregiver Acknowledgement

You will be self-reporting on your scorecard. However, make sure that you save documentation as you could be requested to verify accuracy of your submissions.

As part of these well-being activities, if you participate in a biometric screening or online Health Risk Assessment, medical information is collected.

Regional Health is committed to protecting the privacy and security of your medical information and we put measures in place to ensure it is used and disclosed appropriately.

If it is unreasonable, difficult, or medically inadvisable for you to participate in an activity based challenge, we require your Physician/Provider to verify this and to provide a reasonable alternative for this challenge.

I certify that the information provided above is correct and I have participated in well-being activities as recorded.

Caregiver Signature: _____

Date: _____ Time: _____

Deadline to Submit: June 15, 2017

For more details, please visit Regional Health Well-Being Intranet Page.