

City of Duluth
Wellness Program
Effective 01/01/2024

WELLNESS POINT SYSTEM TRACKER

The wellness program is designed to encourage and reward employees for choosing a healthy lifestyle. Goals will be measured on a quarterly basis, and only one well day per quarter will be rewarded under this program. Employees will only receive a wellness benefit for each full quarter the employee participates in the program. A wellness day is 8, 10, or 12 hours added to the employee's vacation balance, based on their shift.

Please circle the quarter in which you are participating.

Quarter 1: January 1 - March 31 Quarter 3: July 1 - September 30

Quarter 2: April 1 - June 30 Quarter 4: October 1 - December 31

Please initial next to Goal(s) you completed during the quarter. You must accumulate 15 points to earn a Wellness Day. This form must be signed and turned in with required documentation. The Payroll Team will email the exact due date for each quarter. Certain items may require additional documentation. *Refer to Wellness Booklet for more explanation.

<u>Initials</u>	<u>Goals</u>	<u>Points</u>	<u>Submit Required Documentation</u>
_____	Weight Loss (Minimum of 5% of body weight during quarter)	15	Weight Loss Tracking Form, page 6
_____	Exercise 3 Times a week	15	Exercise Tracking Form or submit a report from exercise facility, page 7
_____	Tobacco Cessation (once a quarter, up to 1 year)	15	Tobacco-Free & Tobacco Cessation Form, page 8
_____	Wellness Assessment at gym/exercise facility (once a year only)	15	Report from exercise facility.
_____	No Sick Leave Usage	15	Must Submit Wellness Tracker Form to receive points , HR will run a sick leave report for the quarter.
_____	Maintain Don't Gain (not gaining weight - October through December only)	15	Maintain Don't Gain Form (4th quarter only), page 10
_____	Wellness Committee Member Meeting	15	Nothing to Submit, Voluntary Participation in Wellness Committee Meeting (tracked via attendance sheet)
_____	Lower Cholesterol/Blood Pressure under physician's care	15	Physician Sign-Off Form or letter from physician, page 15
_____	Annual Preventative Exam (once a year per exam type)	15	EOB or Physician Sign-Off Form. (Prostate, OBGYN, colonoscopy, mammogram, or dermatology), page 15
_____	Flu Shot (once a year only)	15	Physician Sign-Off Form, pharmacy receipt, or get a city sponsored flu shot, page 15
_____	COVID-19 vaccine (must have second dose or booster)	15	Proof COVID-19 vaccine was received (a vaccine card or receipt from provider with both doses), page 15
_____	Eye Exam (once a year only)	15	EOB or Physician Sign-Off Form (optometrist or ophthalmologist), page 15
_____	Dental Teeth Cleaning and Exam (twice a year only)	15	EOB or Physician Sign-Off Form (dentist), page 15
_____	Blood Donation (once per quarter only)	15	Physician Sign-Off Form or a receipt of donation, page 15
_____	Physical Competitions (Ex: Charity Walk, 5k)	15	Documentation of Completion.
_____	CPR, First Aid, and/or AED Training or Certification (10 points per quarter only)	10	Copy of certification/attendance, or HR will track if city provided.
_____	Maintain Body Mass index (BMI) of 18-26 (see BMI chart)	10	BMI Form or letter from physician, health provider, or exercise facility, page 17
_____	5-Day Fruit/Veggie (Eat 5 fruits/vegetables 5 days a week for the full quarter)	5	5-Day Fruits/Veggies Tracking Form, page 20
_____	5-Day Water (Drink 64 oz water 5 days a week for the full quarter)	5	5-Day Water Tracking Form, page 21
_____	Health Risk Assessment through insurance company (once a year only)	5	Report from insurance company confirming participation sent to HR
_____	Attend a health & wellness information class/activity (min. 30 minutes)	5	Health & Wellness In-Person Classes Form, 5 points per class (excludes exercise classes), page 23
_____	Complete Online Wellness Training webinar(s)	5	Health & Wellness Webinars Form, 5 points per 30 minutes , page 24

I certify that the above information is true and correct to the best of my knowledge. I understand that the Wellness Program is based on an "honor system" and that I am responsible for providing correct and truthful information to City of Duluth. By signing this form, I am accepting the Wellness Day.

Employee Name

Signature

Date