

# 2020 Wellness Points Documentation Form

**EMPLOYEE NAME:** \_\_\_\_\_ **FACILITY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please submit your **completed packet** to your HR coordinator. Only send approved documentation. Any application containing private medical information will be rejected. **Please include all documentation/forms/signatures/photos/attestations/verifications/receipts or your application will be rejected.**

Wellness Step	Points Possible	Documentation	<input checked="" type="checkbox"/>	Points Earned
<b>Provider Assessments</b>				
*Annual Check-Up through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/>	_____
*Annual Preventative Blood Screening through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/>	_____
Other Preventative Screen <input type="checkbox"/> Eye Exam <input type="checkbox"/> Colorectal Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Annual OB/GYN Exam (Pap) <input type="checkbox"/> Mammogram <input type="checkbox"/> Prostate <input type="checkbox"/> Other	20 each	CWP Form #1 PROVIDE ONE FORM FOR EACH EXAM	<input type="checkbox"/>	_____
Wellness Coaching, Personal Trainer, or Counselor	25 each / max 75	CWP Form #2, #3, #4	<input type="checkbox"/>	_____
<b>Personal Assessments</b>				
Health Risk Assessment (MyLifeStages.org Website)	10	MyLifeStages.org / CWP Form #5	<input type="checkbox"/>	_____
Work/Life Balance Assessment	10	CWP Form #6	<input type="checkbox"/>	_____
Endurance/Strength Assessment ( <i>Beginning &amp; End</i> )	15	CWP Form #7	<input type="checkbox"/>	_____
Wellness Check-ins	20	CWP Form #8	<input type="checkbox"/>	_____
<b>Group Programs</b>				
Facility – Biggest Loser	40	Facility Verification	<input type="checkbox"/>	_____
Facility – Maintain Don't Gain	40	Facility Verification	<input type="checkbox"/>	_____
Weight Management Program	25	Enrollment Form	<input type="checkbox"/>	_____
Tobacco Cessation Program	30	Receipt	<input type="checkbox"/>	_____
<b>Be Active</b>				
Hike/Walk ( <i>3 maximum, outside of CWP event</i> )	15 each / max 45	Location / Date / Picture	<input type="checkbox"/>	_____
Race/5k Participation ( <i>2 maximum</i> )	30 each / max 60	Enrollment Form/Picture	<input type="checkbox"/>	_____
Physical Exercise at Athletic Facility or in Home ( <i>70 visits in a 6-month period</i> )	60	CWP Form #9	<input type="checkbox"/>	_____
Sponsored CHI Wellness Event	25 each	Facility Verification / Sign-in Sheet	<input type="checkbox"/>	_____
Yoga Village Intro Unlimited Classes ( <i>2 classes minimum</i> )	35	Instructor Verification x2	<input type="checkbox"/>	_____
<b>Other</b>				
Remain Smoke Free for 6 Months	30	CWP Form #10 / Attestation	<input type="checkbox"/>	_____
Massage Therapy (x3)	20	CWP Form #11	<input type="checkbox"/>	_____
Receive Produce Box (x3 weeks)	20	Receipts	<input type="checkbox"/>	_____
Volunteer ( <i>3 maximum</i> )	15 / max 45	CWP Form #12	<input type="checkbox"/>	_____
Donate ( <i>e.g. CEF, food, clothing, blood bank</i> )	15 / max 45	CWP Form #13 / Receipts	<input type="checkbox"/>	_____
Adventure Aide App Download ( <i>one time only</i> )	15	Attestation/Picture	<input type="checkbox"/>	_____

**\*Required for eligibility in 12 month period**

**TOTAL POINTS** \_\_\_\_\_

Attach all documentation for points earned to this form to be submitted by:  
July 10th for points earned in the period of January through June.  
January 10th for points earned in the period of July through December.

**Champion: 75 points**  
**Medalist: 125 points**