

Wellness Points Documentation Form

Name: _____ Facility: _____

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.**

	Points Possible	Documentation	<input checked="" type="checkbox"/> Points Earned
Provider Assessments <small>TELEMEDICINE AND VIRTUAL APPOINTMENTS APPLY</small>			
*Annual Check-Up through PCP	20 POINTS	Use Form in Packet	<input type="checkbox"/>
*Annual Preventative Screening PCP	20 POINTS	Use Form in Packet	<input type="checkbox"/>
Preventative Screening Options <input type="checkbox"/> Eye Exam <input type="checkbox"/> Colorectal Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Mammogram <input type="checkbox"/> Annual OB/GYN Exam (Pap) <input type="checkbox"/> Prostate <input type="checkbox"/> Other	20 POINTS EACH	Use Form in Packet	<input type="checkbox"/>
In this Packet			
Create a Wellness Routine 30 Day Challenge	30 POINTS / 60 MAX	Use Form in Packet	<input type="checkbox"/>
Free Financial Literacy Course	40 POINTS	Use Form in Packet	<input type="checkbox"/>
Stress Management	20 POINTS / 40 MAX	Use Form in Packet	<input type="checkbox"/>
Fitness / Workout Log (30 entries in a 6-month period)	60 POINTS	Use Form in Packet	<input type="checkbox"/>
Attend a Wellness Session (Workshop, Counseling, Chiropractor, Massage, Wellness Coaching, Personal Trainer)	25 POINTS / +5 POINTS FOR REFLECTION	Use Form in Packet	<input type="checkbox"/>
Philanthropy (Volunteer, Charity, Donation)	15 - 60 POINTS	Use Form in Packet	<input type="checkbox"/>
Anthem Wellbeing Solutions	30 POINTS / + UP TO \$200 VIA ANTHEM	Use Form in Packet	<input type="checkbox"/>
Share your Wellness (Personal Journey, Resources, Recipes)	5 - 20 POINTS	Use Form in Packet	<input type="checkbox"/>
Tobacco Cessation Attestation	30 POINTS	Use Form in Packet	<input type="checkbox"/>
Group Programs			
Participate in Facility's Biggest Loser	40 POINTS	Facility Verification	<input type="checkbox"/>
Participate in Facility's Maintain Don't Gain	40 POINTS	Facility Verification	<input type="checkbox"/>
Weight Management Program	25 POINTS	Receipt or Enrollment Form	<input type="checkbox"/>
Tobacco Cessation Program	30 POINTS	Receipt or Enrollment Form	<input type="checkbox"/>
Other (Accepted Activities Not in Packet)			
Receive Produce Box (x3 weeks)	20 POINTS	Receipts	<input type="checkbox"/>
Mental Health Wellness App (e.g. Calm, Headspace)	15 POINTS	Screenshot / Proof of Enrollment	<input type="checkbox"/>
Race / 5k Participation (2 maximum)	30 POINTS EACH / 60 MAX	Enrollment Form / Picture	<input type="checkbox"/>
Hike/Walk (3 maximum, outside of CWP event)	15 POINTS EACH / 45 MAX	Location / Date / Picture	<input type="checkbox"/>
Race / 5k Participation (2 maximum)	30 POINTS EACH / 60 MAX	Enrollment Form / Picture	<input type="checkbox"/>
Sponsored CHI Wellness Event	25 POINTS EACH	Facility Verification / Sign-in Sheet	<input type="checkbox"/>
Virtual or In-Person Fitness / Yoga Class	15 POINTS EACH / 45 MAX	Screenshot / Proof of Enrollment	<input type="checkbox"/>

TOTAL POINTS _____

***One of two is required for eligibility in 12 month period** 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.

**Partial Benefit: 75 points
Max Benefit: 125 points**