

2020 - 2021 WELLNESS INCENTIVE PROGRAM CHECKLIST



Instructions: Please use this checklist to verify that you have completed the components to receive your 2020 - 2021 Incentive. The qualifying period for submission is **June 16, 2020 to March 15, 2021**. All required components must be submitted by **March 15, 2021** to qualify. Please print clearly on all forms and keep a copy of all forms for your own records. Keep this checklist for your records.

Incentive Qualifier		Instructions & Documentation Required to Earn Incentive
Complete all three qualifying steps below.		
<input type="checkbox"/>	Complete an Annual Physical Exam	Submit Healthcare Provider Verification Form completed and signed by physician or healthcare provider to Wellness Council of Arizona.
<input type="checkbox"/>	Complete Annual Lab Work	Submit Lab Work Results Verification Form and legible copy of Lab Work Results to Wellness Council of Arizona.
<input type="checkbox"/>	Complete Wellness Council of Arizona Wellness Survey	Submit Wellness Survey Form completed and signed to the Wellness Council of Arizona.
Pick 2 out of 9 options to complete below.		
<input type="checkbox"/>	Option 1: Complete and sign the Non-Tobacco User Affidavit Form.	Submit the Non-Tobacco User Affidavit Form to the Wellness Council of Arizona.
<input type="checkbox"/>	Option 2: Participate in ongoing Health Coaching with a Wellness Council of Arizona Health Coach throughout the school year. (4 session minimum).	Submit Activity Form and provide proof of completion with signature or email from the Health Coach to the Wellness Council of Arizona. If you are meeting them virtually, your Health Coach will send an email once you qualify for the credit.
<input type="checkbox"/>	Option 3: Attend 4 wellness presentations/recorded webinars in the 2020-2021 school year provided by the Wellness Council of Arizona Health Coaches. Complete the self-paced course on the portal as 1 of the 4.	Submit Activity Form . Needs to match attendance sheets provided at each presentation. If you are viewing a recorded webinar, be sure to submit your completed quiz to WellnessCoaches@onmicrosoft.tusd1.org If you are participating in the self-paced course, certification must be sent in with the form.
<input type="checkbox"/>	Option 4: Review Wellness Council of Arizona Wellness Survey with a Wellness Council of Arizona Health Coach.	Print and take a copy of your Wellness Survey with you to your appointment with a Health Coach. Submit Activity Form and provide proof of completion with signature or email from the Health Coach to the Wellness Council of Arizona. If you are reviewing your Wellness Survey virtually, your Health Coach will send an email once you qualify for the credit.
<input type="checkbox"/>	Option 5: Submit receipts of payment for gym memberships, fitness facility or program, or home use fitness accessories (minimum of \$150, purchased within the last 12 months).	Submit Activity Form and provide proof of purchase with copies of receipts or statements to the Wellness Council of Arizona.
<input type="checkbox"/>	Option 6: Submit proof of participation in fund raising fitness activities (walks, rides and runs that benefit local or national non-profits).	Submit Activity Form and provide proof of participation with copies of receipt, certificate of completion, etc. to the Wellness Council of Arizona.
<input type="checkbox"/>	Option 7: Complete 2 of 4 Wellness Challenges: FITGO Bingo 2020, Meet Your Health Coach 2020, Veg-Out Challenge 2020, Step into Holiday Cash Challenge 2020	Submit Activity Form . Needs to match the Wellness Council of Arizona's records. To have a challenge qualify for the Wellness Incentive Program, you must qualify for prizes.
<input type="checkbox"/>	Option 8: Complete a Wellness Program through UMR (Initial 16 weeks of Real Appeal available at tusd1.org/benefits or a UMR Disease Management Program.)	Submit Activity Form and provide proof of participation with signature from a Health Coach to the Wellness Council of Arizona.
<input type="checkbox"/>	Option 9: Complete the TUSD Employee Wellbeing Interest Survey. Visit https://www.surveymonkey.com/r/TUSDwellbeing to complete the TUSD Employee Wellbeing Interest Survey.	Complete this survey between October 1, 2020 - October 31, 2020 to receive credit. Be sure to enter your name and TUSD email address at the end of the survey to provide proof of participation.

How to Submit Forms to the Wellness Council of Arizona

Secure Email: verified@welcoaz.org

Mailing Address: 1670 N Kolb Rd Ste 246, Tucson, AZ 85715

Secure Fax Number: 520-293-3368 (follow up to confirm receipt of your fax)

2020-2021 WELLNESS INCENTIVE PROGRAM

Healthcare Provider Verification Form



Instructions: The qualifying period for submission is **June 16, 2020 to March 15, 2021**. Complete top field of this form and have a healthcare provider/Doctor complete the bottom portion. Submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

Participant Name		Employee ID #
Gender	Date of Birth	School / Location
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / _____	
Phone Number	Email	

Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona for the purpose of confirming eligibility to receive my wellness incentive.

Participant Signature

Date

Your PHI (protected health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

To be filled out by the Physician or Healthcare Provider:

Date Participant Underwent His/Her Complete Physical Exam with Primary Care Physician	Blood Pressure Results
___ ___ / ___ ___ / ___ ___ ___ ___	

Physician/ Healthcare Provider Printed Name and Signature – **REQUIRED**

Date

Phone Number

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Date Received	Receipt Type
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2020-2021 WELLNESS INCENTIVE PROGRAM

Lab Work Results Verification Form



Instructions: The qualifying period for submission is **June 16, 2020 to March 15, 2021**. Complete all fields of this form and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

Participant Name		Employee ID #
Gender	Date of Birth	Location
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / _____	
Phone Number	Email	

Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona for the purpose of confirming eligibility to receive my wellness incentive.

Participant Signature

Date

Your PHI (protected health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

Please Submit a Copy of Your Lab Work Results

Lab work must include lipid panel (total cholesterol, HDL cholesterol, LDL cholesterol), glucose, & triglycerides; must also include first name, last name and date of birth.

Date Participant Completed Lab Work	Copy of Lab Work Results Attached
___ ___ / ___ ___ / ___ ___ ___	<input type="checkbox"/>

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2020-2021 WELLNESS INCENTIVE PROGRAM

Wellness Survey



Instructions: Write in the points next to each statement that is true for you. If a statement is not true, put a zero. Then add your total points.

To be filled out by the Participant:

Participant Name		Employee ID #	
Gender	Date of Birth	Location	
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / _____		
Phone Number		Email	

American Heart Association: First Heart Attack Risk Test

Age (in years): Men 0 pts: Less than 35 1 pt: 35-39 2 pts: 40-48 3 pts: 49- 53 4 pts: 54+	Age (in years): Women 0 pts: Less than 42 1 pt: 42-44 2 pts: 45-54 3 pts: 55-73 4 pts: 74+
Family History 2 pts: My family has a history of heart disease or heart attacks before the age of 60.	Inactive Lifestyle 1 pt: I rarely exercise or do anything physically demanding.
Weight 1 pt: I'm more than 20 lbs. Over my ideal weight.	Smoking 1 pt: I'm a smoker.
Diabetic 1 pt: Male Diabetic 2 pts: Female Diabetic	Blood Pressure I am currently taking blood pressure medication. 1 pt OR I don't take blood pressure medication; my blood pressure is: (Use your top or higher blood pressure number) 0 pts: Less than 140 1 pt: 140-170 2 pts: Greater than 170
Total Cholesterol Level 0 pts: Less than 240mg/dL 1 pt: 240-315mg/dL 2 pts: More than 315mg/dL	
HDL Level (good cholesterol) 0 pts: 39-59 mg/dL 1 pt: 30-38 mg/dL 2 pts: Under 30 mg/dL -1 pt: Over 60 mg/dL	
YOUR SCORE If you scored 4 points or more, you could be at risk of a first heart attack. Only your doctor can evaluate your risk & recommend treatment plans.	

Diabetes: Are you at risk?

I am between 45 and 64 years of age 5 pts	I am under 65 years of age and I get little or no exercise 5 pts
I am 65 years old or older 9 pts	I have a sister or brother with diabetes 1 pt
I have a parent with diabetes 1 pt	I am a woman who has had a baby weighting more than nine pounds at birth 1 pt
I'm more than 20 lbs. Over my ideal weight 5 pts	
YOUR SCORE If you scored 10 or more points: You are at high risk for having diabetes. Only your health care provider can check to see if you have diabetes. If you scored 3-9 points: You are probably at low risk for having diabetes now, but don't just forget about it.	

Life Stress Score

In the past 12 to 24 months, which of the following major life events have taken place in your life?
Mark down the points for each event that you have experienced this year and add up your points.

Your Points	Points	Event	Your Points	Points	Event
	100	Death of spouse		29	Change in work responsibilities
	73	Divorce		29	Trouble with in-laws
	65	Marital or relationship partner separation		28	Outstanding personal achievement
	63	Jail term		26	Souse begins or stops work
	63	Death of a close family member		26	Starting or finishing school
	53	Personal injury or illness		25	Change in living conditions
	50	Marriage		24	Revision of personal habits
	47	Fired from work		23	Trouble with boss
	45	Marital reconciliation		20	Change in work hours, conditions
	45	Retirement		20	Change in residence
	44	Change in family member's health		20	Change in schools
	40	Pregnancy		19	Change in recreational habits
	39	Sex difficulties		19	Change in church activities
	39	Addition to family		18	Change in social activities
	39	Business readjustment		17	Mortgage or loan under \$20,000
	38	Change in financial status		16	Change in sleeping habits
	37	Death of close friend		15	Change in number of family gatherings
	36	Change to a different line of work		15	Change in eating habits
	35	Change in number of marital arguments		13	Vacation
	31	Mortgage or loan over \$30,000		12	Christmas season
	30	Foreclosure of mortgage or loan		11	Minor violations of the law
YOUR SCORE 0-149: Low susceptibility to stress-related illness 150-299: Medium susceptibility to stress-related illness 300 and Over: High susceptibility to stress-related illness					

I, the participant, with my signature below that I have completed this Wellness Survey.

Participant Signature: _____ **Date:** _____

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Activity Verification Form



Instructions: The qualifying period for submission is **June 16, 2020 to March 15, 2021**. Complete all fields of this form and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

Participant Name		Employee ID #
Gender	Date of Birth	Location
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ___	
Phone Number		Email

ONLY 2 Required	Activity	Verification	Proof of Completion Attached
<input type="checkbox"/>	Option 1: Complete and sign the Non-Tobacco User Affidavit Form.	Submit the Non-Tobacco User Affidavit Form to the Wellness Council of Arizona.	<input type="checkbox"/>
<input type="checkbox"/>	Option 2: Participate in ongoing Health Coaching with a Wellness Council of Arizona Health Coach. (4 sessions minimum)	Health Coach Name: Health Coach Signature: Date Signed:	
<input type="checkbox"/>	Option 3: Attend 4 wellness presentations/recorded webinars in the 2020-2021 school year provided by the Wellness Council of Arizona Health Coaches. Complete the self-paced course on the portal as 1 of the 4.	When you attend a Life Talk Presentation, please be sure to sign-in legibly so that you will receive credit for attending.	
<input type="checkbox"/>	Option 4: Review WELCOAZ Wellness Survey with a Wellness Council of Arizona Health Coach. Print and take a copy of your Wellness Survey with you to your appointment with a Health Coach.	Health Coach Name: Health Coach Signature: Date Signed:	
<input type="checkbox"/>	Option 5: Submit receipts of payment for gym memberships, fitness facility or program, or home use fitness accessories (minimum of \$150, purchased within the last 12 months).	Submit receipts or statements to the Wellness Council of Arizona.	<input type="checkbox"/>
<input type="checkbox"/>	Option 6: Submit proof of participation in fund raising fitness activities (walks, rides and runs that benefit local and/or national non-profits).	Submit copy of receipts, certificate of completion, etc. to the Wellness Council of Arizona.	<input type="checkbox"/>
<input type="checkbox"/>	Option 7: Complete 2 of 4 Wellness Challenges: FITGO Bingo, Meet Your Health Coach, Veg-Out Challenge, Step into Holiday Cash Challenge <i>*To have a challenge qualify for the Wellness Incentive Program, you must qualify for prizes within each challenge.</i>	<input type="checkbox"/> FITGO Bingo 2020 <input type="checkbox"/> Meet Your Health Coach 2020 <input type="checkbox"/> Veg-Out Challenge 2020 <input type="checkbox"/> Step into Holiday Cash 2020	
<input type="checkbox"/>	Option 8: Complete a Wellness Program through UMR (Initial 16 weeks of Real Appeal available at tusd1.org/benefits or a UMR Disease Management Program.)	Health Coach Name: Health Coach Signature: Date Signed:	
<input type="checkbox"/>	Option 9: Complete the TUSD Employee Wellbeing Interest Survey. Visit https://www.surveymonkey.com/r/TUSDwellbeing to complete the TUSD Employee Wellbeing Interest Survey. Be sure to enter your name and TUSD email address at the end of the survey to provide proof of participation.	Complete this survey between October 1, 2020 - October 31, 2020 to receive credit.	

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Non-Tobacco User Affidavit Form



Instructions: The qualifying period for submission is **June 16, 2020 to March 15, 2021**. Complete all fields of this form and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

Participant Name		Employee ID #
Gender	Date of Birth	Location
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / _____	
Phone Number	Email	

I declare that I neither (i) smoke or use tobacco products*, nor (ii) have smoked or used tobacco products at any time during the last three (3) months immediately preceding the date of this affidavit. ** I understand that if I falsely claim the non-tobacco user discount, I will immediately forfeit the wellness incentive. Further, to reapply for the discount in the future, I would be required to submit proof of non-tobacco use as allowed by law to include blood test results.

Likewise, if I become a tobacco user when participating in the wellness incentive program, I must inform Human Resources that I no longer qualify for the discount. If I fail to do so, I will be subject to the same consequences noted above for making a false claim.

*Smoke or use of tobacco products for purposes of this affidavit means any use of e-cigarettes, cigarettes, pipes, cigars or chewing tobacco or any other tobacco products regardless of the number of times, frequency or method of use.

I, the applicant, have read the above and understand the penalties that may apply if my statements are false.

Participant Signature

Date

Your PHI (protected health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

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