

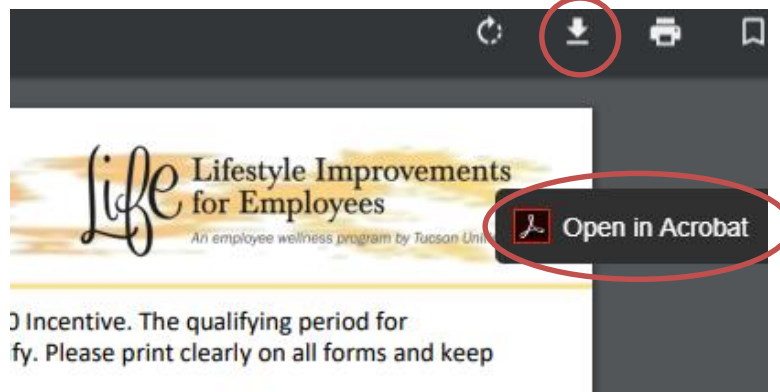
# 2019 - 2020 WELLNESS INCENTIVE PROGRAM

## How to Complete Fillable Forms

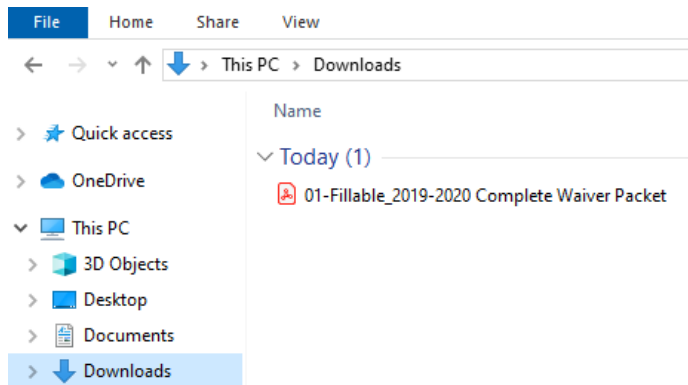


**Instructions:** Use the following directions to complete your Tucson Unified Wellness Incentive Packet. If you have questions about filling out the packet, please reach out to [verified@welcoaz.org](mailto:verified@welcoaz.org).

**Step 1:** Open the file and download. Either click on the “Open in Acrobat” to the right of the screen. Or at the top right of the screen, press the arrow to download the file.



**Step 2:** Save the file and fill out. If you download the file, you will want to open the Wellness Incentive Packet in the “Downloads” file under your computer’s documents. If you open the file in Acrobat, proceed to complete the fillable Forms. Use the Tab key to get to each box.



2019 - 2020 WELLNESS INCENTIVE PROGRAM  
**Healthcare Provider Verification Waiver**

*Life Lifestyle Improvements for Employees*  
 An employee wellness program by Tucson Unified

**Instructions:** The qualifying period for submission is June 16, 2019 to June 15, 2020. Complete top field of this form. Please print clearly and keep a copy of all forms for your own records. *If you have not been to your Primary Care Physician for your Annual Physical Exam since June 16, 2019, sign the waiver below.*

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	

**Step 3:** Save the file and submit it. Once you are done filling out the form, save the file either in the “Downloads” file or a different file on your computer. Remember the file you’ve saved the packet in. Attach the Wellness Incentive Packet to your email by selecting the paperclip or add attachment. Send the PDF to [verified@welcoaz.org](mailto:verified@welcoaz.org)

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Adobe Acrobat

To be filled out by the Participant:

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

Do you want to save changes to 'BEN1300WellnessChecklistWaiver.pdf' before closing?

Yes No Cancel

**Wellness Incentive Packet**

Verified Inbox

Wellness Incentive Packet

Send

Attachment icon circled in red

# 2019 - 2020 WELLNESS INCENTIVE PROGRAM CHECKLIST

**Instructions:** Please use this checklist to verify that you have completed the components to receive your 2019 - 2020 Incentive. The qualifying period for submission is **June 16, 2019 to June 15, 2020**. All required components must be submitted by **June 15, 2020** 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
<i>Complete the qualifying steps below.</i>		
<input type="checkbox"/>	Complete an Annual Physical Exam Waiver	Submit <b>Healthcare Provider Verification Waiver</b> completed and signed to Wellness Council of Arizona.
<input type="checkbox"/>	Complete a Lab Work Waiver	Submit <b>Lab Work Waiver</b> completed and signed to Wellness Council of Arizona.
<input type="checkbox"/>	Complete Rally Health Survey at <b>myuhc.com</b>	Log on to <b>myuhc.com</b> and follow the steps to complete the <b>Rally Health Survey</b> .
<i>Pick 2 out of 8 options to complete below.</i>		
<input type="checkbox"/>	<b>Option 1:</b> Complete and sign the Non-Tobacco User Affidavit Form.	Submit the <b>Non-Tobacco User Affidavit Form</b> to the Wellness Council of Arizona.
<input type="checkbox"/>	<b>Option 2:</b> Review Rally Health Survey Report with a Wellness Council of Arizona Health Coach.	Submit <b>Activity Form</b> and provide proof of completion with signature or email from the Health Coach to the Wellness Council of Arizona. <b>If you are reviewing your Rally Survey virtually, your Health Coach will send an email once you qualify for the credit.</b>
<input type="checkbox"/>	<b>Option 3:</b> Attend 4 wellness presentations in the 2019-2020 school year with the Wellness Council of Arizona Health Coaches. Complete the self-paced course on the portal as 1 of the 4.	Submit <b>Activity Form</b> . Needs to match attendance sheets provided at each presentation. If you are participating in the self-paced course, certification must be sent in with the form.
<input type="checkbox"/>	<b>Option 4:</b> Participate in ongoing Health Coaching with a Wellness Council of Arizona Health Coach throughout the school year. (4 session minimum).	Submit <b>Activity Form</b> and provide proof of completion with signature or email from the Health Coach to the Wellness Council of Arizona. <b>If you are meeting them virtually, your Health Coach will send an email once you qualify for the credit.</b>
<input type="checkbox"/>	<b>Option 5:</b> 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 <b>Activity Form</b> and provide proof of purchase with copies of receipts or statements to the Wellness Council of Arizona.
<input type="checkbox"/>	<b>Option 6:</b> Submit proof of participation in fund raising fitness activities (walks, rides and runs that benefit local or national non-profits). <b>Submit proof of donation during crisis (includes: Goodwill, Food Bank, Homeless/Animal Shelters, Gave Blood, making masks etc.).</b>	Submit <b>Activity Form</b> and provide proof of participation with copies of receipt, certificate of completion, etc. to the Wellness Council of Arizona.
<input type="checkbox"/>	<b>Option 7:</b> Complete 2 of 4 Wellness Challenges: FITGO Bingo 2019, Healthy Selfie 2019, Biggest Winner Team Challenge 2020, WELCOAZ Corporate Challenge 2020.	Submit <b>Activity Form</b> . Needs to match the Wellness Council of Arizona's records.
<input type="checkbox"/>	<b>Option 8:</b> Complete a Wellness Program through United Healthcare (Initial 16 weeks of Real Appeal available at <a href="http://tusd1.org/benefits">tusd1.org/benefits</a> or a UHC Disease Management Program available at <a href="http://myuhc.com">myuhc.com</a> .)	Submit <b>Activity Form</b> and provide proof of participation with signature from a Health Coach to the Wellness Council of Arizona.

#### How to Submit Forms to the Wellness Council of Arizona:

- **Secure Email:** [verified@welcoaz.org](mailto:verified@welcoaz.org) (preferred method)
- **Mailing Address:** Wellness Council of Arizona, 1670 N. Kolb Rd. Ste. 246, Tucson, AZ 85715
- **Secure Fax Number:** 520-293-3368 (follow up with a call to 520-293-3369 or email to confirm receipt of your fax)



# 2019 - 2020 WELLNESS INCENTIVE PROGRAM

## Healthcare Provider Verification Waiver



**Instructions:** The qualifying period for submission is **June 16, 2019 to June 15, 2020**. Complete top field of this form. Please print clearly and keep a copy of all forms for your own records. **If you have not been to your Primary Care Physician for your Annual Physical Exam since June 16, 2019, sign the waiver below.**

**To be filled out by the Participant:**

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

If you have not been to your Primary Care Physician for your **Annual Physical Exam** since **June 16, 2019**, **sign the waiver below**. Please provide the last date of your Physical Exam with your Primary Care Physician. If you are new to Tucson Unified this year, please check the box to the right. It is important that you get your Annual Physical each year to stay on top of your overall health and wellness.

<b>Enter the date of last completed Annual Physical Exam with Primary Care Physician</b>	<input type="checkbox"/>
___ ___ / ___ ___ / ___ ___	<b>New to Tucson Unified this year</b>

Participant Signature – **REQUIRED**

Date

Your PHI (personal 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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**To be completed by Welcoaz Staff:**

Date Received	Receipt Type
Date Confirmed	Date Entered into Tracker

# 2019 - 2020 WELLNESS INCENTIVE PROGRAM

## Lab Work Verification **Waiver**



**Instructions:** The qualifying period for submission is **June 16, 2019 to June 15, 2020**. Complete top field of this form. Please print clearly and keep a copy of all forms for your own records. **If you have not been to your Primary Care Physician for your Lab Work since June 16, 2019, sign the waiver below.**

**To be filled out by the Participant:**

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

If you have not been to your Primary Care Physician for your **Lab Work** since **June 16, 2019**, **sign the waiver below**. Please provide the last date of your Physical Exam with your Primary Care Physician. If you are new to Tucson Unified this year, please check the box to the right. It is important that you get your Annual Physical each year to stay on top of your overall health and wellness.

<b>Enter the date of last completed Annual Lab Work with Primary Care Physician</b>	<input type="checkbox"/>
___ ___ / ___ ___ / ___ ___	<b>New to Tucson Unified this year</b>

Participant Signature – **REQUIRED**

Date

Your PHI (personal 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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# 2019 - 2020 WELLNESS INCENTIVE PROGRAM

## Activity Verification Form



**Instructions:** The qualifying period for submission is **June 16, 2019 to June 15, 2020**. 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:**

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

ONLY 2 Required	Activity	Verification	Proof of Completion Attached
<input type="checkbox"/>	<b>Option 1:</b> Complete and sign the Non-Tobacco User Affidavit Form.	Submit the <b>Non-Tobacco User Affidavit Form</b> to the Wellness Council of Arizona.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> Review Rally Health Survey Report with a Wellness Council of Arizona Health Coach. Save an electronic copy of your Rally Health Survey report to send to a Health Coach.	<b>If you are reviewing your Rally Survey virtually, your Health Coach will send an email once you qualify for the activity.</b>	Date of Meeting: _____
<input type="checkbox"/>	<b>Option 3:</b> Attend 4 wellness presentations in the 2019-2020 school year with the Wellness Council of Arizona Health Coaches. Complete the self-paced course on the portal as 1 of the 4.	<b>After viewing the LIEF Talk Webinar(s), please complete the quiz and email to <a href="mailto:WellnessCoaches@tusd1.onmicrosoft.com">WellnessCoaches@tusd1.onmicrosoft.com</a>.</b>	
<input type="checkbox"/>	<b>Option 4:</b> Participate in ongoing Health Coaching with a Wellness Council of Arizona Health Coach throughout the school year. (4 sessions minimum).	<b>If you are virtually meeting with your Health Coach, they will send an email once you qualify for the activity.</b>	
<input type="checkbox"/>	<b>Option 5:</b> 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"/>	<b>Option 6:</b> Submit proof of participation in fund raising fitness activities (walks, rides and runs that benefit local and/or national non-profits) or <b>submit proof of donation during crisis (includes: Goodwill, Food Bank, Homeless or Animal Shelters, give blood, making masks etc.).</b>	Submit copy of receipts, certificate of completion, etc. to the Wellness Council of Arizona.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Option 7:</b> Complete 2 of 4 Wellness Challenges: FITGO Bingo 2019, Healthy Selfie 2019, Biggest Winner Team Challenge 2020, and WELCOAZ Corporate Challenge 2020.	<input type="checkbox"/> <b>Fitgo Bingo 2019</b> <input type="checkbox"/> <b>Healthy Selfie 2019</b> <input type="checkbox"/> <b>Biggest Winner Team Challenge 2020</b> <input type="checkbox"/> <b>WELCOAZ Corporate Challenge 2020</b>	
<input type="checkbox"/>	<b>Option 8:</b> Complete a Wellness Program through United Healthcare (Initial 16 weeks of Real Appeal available at <a href="http://tusd1.org/benefits">tusd1.org/benefits</a> or a UHC Disease Management Program available at <a href="http://myuhc.com">myuhc.com</a> .)	<b>If you are virtually meeting with your Health Coach, they will send an email once you qualify for the activity.</b>	

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# 2019 - 2020 WELLNESS INCENTIVE PROGRAM Non-Tobacco User Affidavit Form



**Instructions:** The qualifying period for submission is **June 16, 2019 to June 15, 2020**. 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:**

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

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 (personal 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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