



WELLNESS WORKS

EMPLOYEE INCENTIVE PROGRAM APPLICATION

NAME: _____ **DATE:** _____

EMPLOYER: _____ **DEPARTMENT:** _____

1. INDICATE WHICH TRACK YOU PREFER TO ENROLL IN FOR 2020.

_____ **TRACK A** – Reimbursement to Health Club (Receipt for paid membership required)*
**Your program may only offer Track B. Check with your Wellness Coordinator.*

_____ **TRACK B** – Incentive Awards that can be earned January through December 2020 are listed below.

150 point level – Magnetic Clip Light, Heavy Duty Screwdriver or
Pocket Size Beach Picnic Mat

300 point level – 17 oz. Stainless Steel Thermal Bottle, Silicone Oven Mitt or
Grill Mats

450 point level – 10-Pack Shopping Bags, Water Resistant Speaker or
Handwarmer Pottery Mug

600 point level – Waterproof Dry Bag, Casserole Keeper Tote or Cool Mist Humidifier

2. DO YOU HAVE ANY SUGGESTIONS FOR YOUR WORKSITE WELLNESS PROGRAM FOR THIS YEAR? HOW CAN WE HELP YOU ACHIEVE AND MAINTAIN YOUR HEALTH GOALS?

I understand that in order to earn reimbursement and/or incentives, it is my responsibility to complete an Exercise/Point Log every 3 months and return it to my Wellness Coordinator.

Signed: _____

Date: _____

Wellness Coordinator: _____

Date: _____