



# **WELLNESS WORKS**

## **EMPLOYEE INCENTIVE PROGRAM APPLICATION**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

### **1. INDICATE WHICH TRACK YOU PREFER TO ENROLL IN FOR 2023.**

\_\_\_\_\_ **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 2023 are listed below.

150-point level – 9-inch Cooking Tongs, Insulated Zipper Tote Bag or  
Silverware Set

300-point level – 20 oz. Stainless Steel Insulated Tumbler, Silicone Oven Mitt or  
Muscle Massage Roller Stick

450-point level – 10-Pack Shopping Bags, Stretch Out Strap with Exercise Book or  
RTIC Lunch Container

600-point level – Cargo Box, Backpack Cooler or Long Sleeve Hoodie (Sizes S to XXL)

### **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: \_\_\_\_\_