

2015 St. Louis County Employee Wellness Card

Name: _____ Dept/Location/Room: _____ Employee Id: _____

PREVENTION	Verification	Place one x per box (5 points per x)
* I participated in the County sponsored biometrics screening or I had the equivalent screenings done at my Doctor's office.	On your honor	<input type="checkbox"/>
* I participated in the BCBS Health Risk Assessment (Must be a participant in SLC BCBS insurance to take the BCBS assessment) or an alternative Health Risk Assessment provided by your health care provider.	BCBS assessment verified by BCBS	<input type="checkbox"/>
* Other age appropriate screenings (6 x maximum per year, 1 x per screening) 1 screening mandatory each year or in compliance with screening recommendations. This does not include screenings included in the biometrics.	On your honor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Monthly Breast or Testicular self exam (11 x maximum)	On your honor	<input type="checkbox"/>
Flu Vaccine	On your honor	<input type="checkbox"/>
Dental visit (2 x maximum)	On your honor	<input type="checkbox"/> <input type="checkbox"/>
I called NuVantage Employee Assistance Programs	On your honor	<input type="checkbox"/>
HEALTHY LIFESTYLE	Verification	Place one x per box (5 points per x)
* I wear my seatbelt everyday (mandatory)	On your honor	<input type="checkbox"/>
I am tobacco free or I completed a cessation course.	Attachment if program completed	<input type="checkbox"/>
I participated in an organized 5K walk/run event (Maximum 3 x per year)	Attachment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I was dedicated to and succeeded with my wellness goal to _____	Fill in goal completed	<input type="checkbox"/>
I donated blood	On your honor	<input type="checkbox"/>
I eat 3 to 5 servings from the vegetable group and 2 to 4 servings from the fruit group most days of the week.	On your honor	<input type="checkbox"/>
I attend support groups or have a support system	On your honor	<input type="checkbox"/>
I exercised at least 30 minutes at an aerobic level at least 8 times during the month (11 max – 1 each month)	On your honor	<input type="checkbox"/>
HEALTHY COMMUNITY	Verification	Place one x per box (5 points per x)
I referred an employee new to the "Total Wellness" program that signed and participated for the 2015 year.	Employee's name (Max of 5) 1. 2. 3. 4. 5.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I volunteered in my community	Tell us what you did: (Max of 4) 1. 2. 3. 4.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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I donated or raised funds in my community	Tell us who and how much: (Max 3) 1. 2. 3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I performed a Random Act of Kindness (be aware of your behavior. Many people do this all the time. Focus on what you have done for a family member, neighbor, friend, co-worker, etc...)	Describe what it was: (Max 3) 1. 2. 3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FINANCIAL WELLNESS		Verification
		Place one x per box (5 points per x)
I participate in the St. Louis County Deferred Compensation programs	Verified by Human Resources	<input type="checkbox"/>
I participate in the St. Louis County Flexible Spending program	Verified by Human Resources	<input type="checkbox"/>
I completed a pre-retirement training	Verified by Human Resources	<input type="checkbox"/>
I put money directly from my paycheck into a savings account	On your honor	<input type="checkbox"/>
I save money by putting money into other investments or accounts	On your honor	<input type="checkbox"/>
HEALTHY PROGRAMS/ EVENTS		Verification
		Place one x per box (10 points per x)
I completed a training course from the Wellness section of the quarterly training catalog. (Maximum 6 x per year)	Attach a copy of certificate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I completed a training course on how to use my BCBS benefits effectively (Health Plan Basics & or Health Plan Mastery Course)	Attach a copy of certificate	<input type="checkbox"/> <input type="checkbox"/>
Individual weight management program. Examples include; Transitions Lifestyle System, Weight Watchers, Essentia Health's Health and Vascular Center's Wellness Program, St. Luke's Medical Weight Loss Management Program, etc...	Attachment	<input type="checkbox"/>
I participated in the SLC "Biggest Loser" competition	On file	<input type="checkbox"/>
I participated in the "Walk The County Challenge"	On file	<input type="checkbox"/>
I participated in one other fitness event besides a 5k such as marathon or ½ marathon, triathlons, biking, skiing events	Attachment	<input type="checkbox"/>
I participated in _____ <i>Active leagues including but not limited to curling, bowling, softball, golf, etc...</i>	Attachment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Your wellness tracking card must be completed and submitted with necessary attachments to your Wellness coordinator, Tiffany Kari at DCH Rm 1 by November 13th, 2015.</p> <p style="text-align: center;">Please Note</p> <p>* and bold print represent mandatory parts of the "Total Wellness/ Total Transformation" program. You will not be eligible for the end of the year incentive without completion.</p>	<p># of 5 point x's <input style="width: 50px; height: 20px;" type="text"/> X 5 pts = <input style="width: 50px; height: 20px;" type="text"/> (Max. 315 pts)</p> <p># of 10 point x's <input style="width: 50px; height: 20px;" type="text"/> X 10 pts = <input style="width: 50px; height: 20px;" type="text"/> (Max. 150 pts)</p> <p style="text-align: right;">TOTAL POINTS <input style="width: 50px; height: 20px;" type="text"/> (Max. 465 pts)</p>	