

STSIG Wellness Incentive Tracker for activities from November 1, 2023 to October 31, 2024

Employee/Primary Name _____ **(Please Print Clearly)** _____ Employee Incentive form _____ Spouse Incentive form _____

Spouse Name _____ Spouse must use a separate form for their incentive activities

District _____ Members enrolled in Medicare during the incentive year are *not qualified to receive the incentive.*

If needed, update your address, phone number, and email with your district office before 10/31. Medical plan enrollment on 10-31-2024 is required.

Wellness Exam - mandatory

Physician's Name _____

Address _____

Phone _____

Date Exam was completed _____

Health Care Provider's Signature:

BMI AND BP –optional

To be eligible for the BMI and BP incentive below, BMI must be 29.9 or less and BP 130/85 or less.

Is Body Mass Index and Blood Pressure within the above ranges: **Yes or No**

Health Care Provider's Signature:

You may turn submit this form as you complete incentives or you can wait and turn it in when all three incentives are met before 10/31.

Activity Options

_____ **One medically recommended vaccine**

Health Care Provider's Signature:

_____ Mammogram

Health Care Provider's Signature:

_____ Colonoscopy

Health Care Provider's Signature:

_____ Bone Density Screening

Health Care Provider's Signature:

_____ Annual Vision Screening

Health Care Provider's Signature:

_____ Two Dental Cleanings

Health Care Provider's Signature:

Activity Options Cont.

_____ FitThumb 400 points required:
_____ total points

_____ Attend an In-person, virtual, or recorded Open Enrollment Meeting

Date: _____

_____ Participation in a Pre-Approved STSIG or District Health Challenge or Seminar.

Date of Event _____

Challenge Name _____

District Human Resource's Signature:

Tracker received after October 31st will not be accepted.

Remember to update your mailing address with your district as gift cards can only be mailed to street addresses. PO Box addresses will be delivered to the district offices.

Please return this completed form to Lgrant@stsig.org or fax to 530-221-6225 by October 31, 2024. If you have any questions call 530-221-6444