****

**Employee Insurance Discount Enrollment Form**

Participation in the January 2018 Wellness Screening and this form are required to receive and/or continue to receive the wellness premium incentive starting July 1st. (Form must be turned in by June 30,2018)

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I participated in the 2018 Wellness Screening: Yes: \_\_\_\_\_**

**Date of Appointment with Physician (to review results): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have reviewed the results of the wellness screening and made recommendations accordingly.

**Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Elim Wellness Activity Log** (minimum 3 activities)

\*Check your emails for wellness activities. Wellness activities to date: More Matters (Fruit/Veg tracking sheet), Beachball Volleyball/Wellness Wednesday, Cook/Tester Healthy Cook-off, Meal Prep 101, Financial Wellness Series, Christmas Angel and/or Flu Shot. Continue to check your emails for more Wellness Activities.

|  |
| --- |
| Wellness Activity |
|  |
|  |
|  |
|  |
|  |
|  |

**I verify that all information contained above is true and accurate to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee Signature Date

\*Note: to be eligible for the $30/month insurance discount you must participate in the January Screening and return this signed form to HR no later than June 30, 2018.