

Wellness Activity Form

Redeem for points towards the Wellness Plan and \$90 Gift Card



Last Name	First Name	Date of Birth	Phone/e-mail
Please complete according to your status			
EMPLOYEES - Boise Schools 6 digit employee ID #		X	
RETIREES – date of birth followed by first 4 letters of last name		X	

All Personal Wellness Activities will be verified for WellSteps Reward Points towards 2019-20 WELLNESS PLAN and \$90 Gift Card

DEADLINE DATE TO SUBMIT THIS FORM – APRIL 30th, 2019

To review list of ACTIVITIES and how to redeem points go to the following link:
http://www.boiseschools.org/our_district/wellness_program

Personal Wellness Activity Options	Check Completed Activities <input checked="" type="checkbox"/>
WELLNESS ENRICHMENT: Complete a class or series of classes with the focus to: obtain a healthy weight, improve fitness, nutrition and/or reduce stress.	<input type="checkbox"/> Series of classes (Min 3 classes = (75 pts.) <input type="checkbox"/> 1 x event/class (25 pts.)
PERSONAL WELLNESS: Community Fitness Event is a physical activity such as a fun run/walk, bike ride, dance-a-thon, etc. Endurance competitive event emphasizes regular training, such as: marathons, cycling, swimming, etc. Personal gym attendance showing 20 entries for 2 consecutive months.*	<input type="checkbox"/> Community Fitness Event (50 pts.) <input type="checkbox"/> Endurance Competitive Event (75 pts.) <i>*Attach a registration, race results, or attendance log.</i> <hr/> <input type="checkbox"/> Personal Gym attendance log (75 pts.) <input type="checkbox"/> Gym attendance alternative (75 pts.) <i>(Please see back of form)</i>

Facilitator/Instructor signature: _____ **Date:** _____
Signature for class events only

Name or Location of Class/Event: _____

I verify that all of the above are true and correct. I understand that failure to complete this form and provide proper verification by April 30th will cause above activities associated with the Wellness Medical Plan to be left "pending".

Employee/Retiree Signature _____ **Date** _____

To obtain your Wellness Activity Credit please submit this form no later than deadline of April 30th, 2019.

Choose any of the below ways to submit your form:

- Upload form directly to the **REWARDS** page at wellsteps.com/boiseschools
- Submit a photo of form using a smart phone or device by using the **WellSteps App (found on App Store or Google Play)**
- Scan and e-mail form to wellness@boiseschools.org
- Send to the Wellness Coordinator located at the DSC.

