

PERSONAL Wellness Activity Form

Redeem points towards the Wellness Medical Plan and \$90 REWARD



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	

Wellness Activities on this form will be verified for WellSteps Rewards Points towards the 2020-2021 WELLNESS MEDICAL PLAN and the \$90 REWARDS incentive.

DEADLINE DATE TO SUBMIT THIS FORM – MARCH 31st, 2020

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 <i>(1 x events per year)</i>	Check Completed Activities <input checked="" type="checkbox"/>
<p>WELLNESS ENRICHMENT: Complete a class or series of classes with the focus to: obtain a healthy weight, improve fitness, nutrition and/or reduce stress.</p>	<p><input type="checkbox"/> Series of classes (Min 2+ classes = 50-100 pts.)</p> <p><input type="checkbox"/> 1 x event/class (25 pts.)</p>
<p>COMMUNITY FITNESS EVENT: Community Fitness Event is a physical activity such as a fun-run/walk, bike ride, dance-a-thon, yoga-thon etc.</p> <p>ENDURANCE COMPETITIVE EVENT: emphasizes regular training, such as: marathons, cycling, swimming, etc.</p> <p>PERSONAL GYM ATTENDANCE: showing 20 entries per month, for 2 consecutive months.*</p>	<p><input type="checkbox"/> Community Fitness Event (50 pts.)</p> <p><input type="checkbox"/> Endurance Competitive Event (75 pts.) *Attach a registration or race results</p> <p><i>For more information refer to list of activities at http://www.boiseschools.org/our_district/wellness_program</i></p> <hr/> <p><input type="checkbox"/> Personal Gym attendance log (75 pts.) OR</p> <p><input type="checkbox"/> Gym attendance alternative (75 pts.) <i>(refer to the back of this form)</i></p>

Facilitator/Instructor signature: _____ **Date:** _____

Signature only needed when classes are completed

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 not provide proper verification by March 31st, 2020 will cause above activities to be left "pending" and therefore jeopardize meeting the Wellness Plan requirements.

Employee/Retiree Signature _____ **Date** _____

To obtain your Wellness points, please submit this form no later than deadline of March 31st, 2019.

You can submit this form any of the following ways:

- Submit a photo of form using a smart phone or device by using the **WellSteps App** (found at App Store or Google Play)
- Scan or send a photo of this form and attachments to wellness@boiseschools.org
- Send to the Wellness Coordinator located at the DSC.

