

Wellness Activity Form

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

Please have your instructor or facilitator sign for verification

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 to be verified for WellSteps Reward Points towards 2018/19 WELLNESS MEDICAL PLAN and \$90 Gift Card

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"/>
<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 4 classes = (50 pts.)</p> <p><input type="checkbox"/> 1 x event/class (25 pts.)</p>
<p>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.*</p>	<p><input type="checkbox"/> Community Fitness Event (50 pts.)</p> <p><input type="checkbox"/> Endurance Competitive Event (75 pts.) <i>*Attach a registration, race results</i></p> <hr/> <p><input type="checkbox"/> Personal Gym attendance log (75 pts.) <i>Include attendance log</i></p> <p><input type="checkbox"/> Gym attendance alternative (75 pts.) <i>Please see back of form</i></p>

Facilitator/Instructor signature: _____ Date: _____

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, 2018.

To submit your activity form:

- Upload form directly from 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)**

