

2019-20 WELLNESS PLAN REQUIREMENT EXEMPTION FROM MEETING WELLNESS PLAN REQUIREMENTS

We acknowledge that an employee's wellness and general health may be under close scrutiny by a health care provider. We also understand that some employees are under the care of a physician for pregnancy, on-going medical problems or treatment. If any of these conditions apply to you, you may be eligible for an **EXEMPTION** from requirements needed to meet the minimum 275 WellSteps REWARDS points for the 2019-20 DISTRICT WELLNESS PLAN.

To check the status of your 2019-20 Wellness Plan requirements, log-in to www.wellsteps.com/boiseschools.

THIS SECTION TO BE COMPLETED BY EMPLOYEE/HEALTH PLAN MEMBER



PLEASE PRINT CLEARLY.

Name _____

DOB ____/____/____ Email _____

Contact phone _____

Please check the appropriate box: Active Employee - Employee ID _____

Retiree

I UNDERSTAND BY SUBMITTING THIS EXEMPTION FORM, I WILL OPT-IN TO THE WELLNESS PLAN, HOWEVER WAIVE THE OPPORTUNITY TO EARN THE GOLD LEVEL REWARD POINTS (\$90 GIFT CARD).

X _____
SIGNATURE OF EMPLOYEE/PLAN MEMBER DATE

PLAN MEMBER SUBMIT THIS COMPLETED FORM TO WELLSTEPS NO LATER THAN APRIL 30TH, 2019!
Incomplete information will jeopardize plan member's eligibility for the Wellness Plan 2019-20. Thank you!

OPTIONS TO SUBMIT TO WELLSTEPS:

FAX to: (801) 590-6620 **OR** Scan and e-mail to: forms@wellsteps.com **OR** Use the WellSteps App on a smart phone or device

THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER

I VERIFY THE FOLLOWING HAS BEEN REVIEWED AND/OR DISCUSSED WITH THIS PATIENT.
PLEASE CHECK ALL THAT APPLY:

- It may be medically inadvisable for this patient to participate in activities associated with the Wellness Program.
 Other (please explain in the space provided below)

If any of these apply, a plan member may be eligible for an EXEMPTION from requirements to meet the minimum 275 WellSteps REWARDS points for the 2019-20 DISTRICT WELLNESS PLAN, however AGREE to waive earning additional points to earn the \$90 REWARDS gift card.

X _____
SIGNATURE OF PHYSICIAN/LICENSED MEDICAL PROVIDER DATE PHONE

PATIENTS ARE ASKED TO SUBMIT THEIR OWN FORM BY APRIL 30TH, 2019.



For additional information on the Wellness Plan Option 2019-20, please contact the Employee Wellness Coordinator at (208) 854-4083, wellness@boiseschools.org, or visit www.boiseschools.org/benefits/wellness for additional information on Boise Schools Wellness.