



An EHHD Wellness Program

4 South Eagleville Road  
Mansfield, CT 06268



## **Town of Tolland Employee Wellness Rewards Program Agreement 2017 - 2018**

I (and my spouse\*) would like to participate in the Tolland Employee Wellness Rewards Program understand that:

- My (and my spouse's\*) participation in this program is completely voluntary.
- The Tolland Employee Wellness Rewards Program will discount my contribution for insurance premium by 2% and an additional 1% for my spouse's participation.

By participating, I understand that I (and my spouse\*) are required to:

1. Take a confidential Health Risk Assessment (HRA)
2. Complete the confidential Be Well Behavior and Interest Survey once a year.
3. Provide documentation of receiving basic screenings before June 30, 2018 (BMI, cholesterol, blood glucose, blood pressure) using the form provided by Be Well (you have the option of attending a free screening opportunity provided by Be Well or documentation from your health care provider). No personal health information is collected with the documentation.
4. Participate in at least one Wellness Education activity and at least one ongoing Fitness activity per quarter as described in the promotional materials (i.e. Lunch 'n Learn, online refresher program, Walk for Wellness, Maintain Don't Gain, etc.). NOTE: Spouses are not required to attend educational activities each quarter but will be offered an online option quarterly.

\*spouse, if applicable (if you are married, both you and your spouse must participate to receive the full 3% discounted rate; married employees can join Be Well Rewards individually. If only one of you joins, a 2% discount rate will be applied).

I understand that signing up for the Tolland Be Well Rewards Program and being eligible for a reduction in my premium and deductible contribution costs requires my (and my spouse's\*) full and complete participation to fulfill the terms of this agreement.

It is my intention to fully participate in the Tolland Employee Be Well Rewards Program for 2017 – 2018.

Employee Name (print) \_\_\_\_\_

Spouse's Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Work email address \_\_\_\_\_ Phone \_\_\_\_\_

While the Be Well Rewards program coordinates the process for earning Rewards, your employer will determine what that will be and how it will be provided to you. PLEASE RETURN THIS COMPLETED FORM TO MIKE WILKINSON. Thank you!

2017-2018