

**COMPLETED FORM DUE TO HR BY 4:30 P.M. ON MAY 6, 2020**

**CITY OF HENDERSONVILLE WELLPOINTS REWARD TALLY SHEET**

	ATTENDED CITY OR HOSPITAL SPONSORED WELLNESS EDUC. CLASS  20 POINTS EACH*	COMPLETED HRA AT CITY SPONSORED EVENT IN OCTOBER	RECEIVE FLU SHOT	SMOKING CESSATION SUCCESS  MUST BE PRIOR TO 11-1-19 FOR 6-MONTH MINIMUM	EXERCISE/ACTIVITY PROGRAM PARTICIPANT  MUST EARN A MINIMUM OF 10 POINTS TO COUNT A SINGLE MONTH	WEIGHT MGT. SUCCESS	PARTICIPATION IN 5K OR OTHER ORGANIZATION SPONSORED WALKS OR RUNS	AGE APPROPRIATE MEDICAL WELLNESS EXAMS	HEALTH FAIR PARTICIPANT	BLOOD DRIVE AND/OR FOOD DRIVE PARTICIPANT THAT MEET LISTED STANDARD
	MUST ATTEND AT LEAST THREE	100 POINTS THROUGH OUR BIOMETRIC SCREENING	50 POINTS MAX**	100 POINTS MAX	60 POINTS MINIMUM NO MAX	50 POINTS MAX	20 POINTS PER EVENT**	20 POINTS PER YEARLY PHYSICAL OR TESTING 60 MAX	40 POINTS FOR SUBMITTING SIGNED VENDOR CARD	40 POINTS PER QUALIFYING EVENT
May 2019										
June 2019										
July 2019										
Aug. 2019										
Sep. 2019										
Oct. 2019										
Nov. 2019				INDICATE						
Dec. 2019				DATE YOU						
Jan. 2020				BECAME						
Feb. 2020				SMOKE OR						
Mar. 2020				TOBACCO						
April 2020				FREE ABOVE						

\*Must attend at least three classes per WellPoints year, ONLINE CLASSES REQUIRE QUIZ SUBMITTED TO HR. If hospital sponsored class attach proof of attendance

\*\*Please attach documentation showing proof for walks/runs/races–DO NOT INCLUDE ANY PERSONAL MEDICAL TEST RESULTS with medical exam or flu shot proof(s)

TOTAL COLUMN POINTS	60 PTS REQUIRED				60 PTS REQUIRED					
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GRAND TOTAL OF ALL COLUMN POINTS COMBINED: \_\_\_\_\_

I certify that the attached is a true and accurate representation of my participation in the City of Hendersonville Wellpoints Reward Program.

I have attached any supporting documentation as required as proof of participation/attendance.

Employee/Participant Name (PLEASE PRINT) \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Please list employee name if participant is Spouse of an employee \_\_\_\_\_ Employee File Number: \_\_\_\_\_