

# 2012 Wellness Rewards Program

Employee Wellness Program, Human Resources Department  
207-WELL (9355) or [wellness@sanantonio.gov](mailto:wellness@sanantonio.gov)



## Who is Eligible?

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- All full-time, active civilian employees are eligible to participate.
- Spouses who are on the City's civilian health plan are also eligible.

## What Can I Earn?

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- Each full-time, active civilian employee and each eligible spouse can earn up to \$125 in a Flexible Spending Account (FSA). Rewards earned by eligible spouses will be contributed to the employee's FSA.

## When Can I Start?

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- The Wellness Rewards program runs from October 1, 2011 to September 14, 2012.
- Eligible activities must be completed and submitted between those dates.

## How it Works

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1. Complete up to five (5) eligible activities between October 1, 2011 and September 14, 2012.
  - A. Limit of one of each type of activity to use for Rewards
  - B. Each activity is worth \$25
2. Submit *Rewards Request Form* (see other side), along with any required documentation.
  - A. *Rewards Request Form* may be submitted at any time during the program. Multiple forms may be submitted by the same person, as long as the eligible activities do not exceed the maximum amount that can be earned per person (up to \$125 each).
  - B. Employees and eligible spouses must each submit their own forms.
3. Rewards will be contributed to employee Healthcare Flexible Spending Accounts (FSA) quarterly in 2012.
  - A. *Rewards Request Form* must be submitted by the deadlines below to receive FSA funds on the contribution date.
  - B. Employees who have an active Healthcare FSA: Funds will be added to current FSA.
  - C. Employees who do not have an active Healthcare FSA: An FSA will be created.

<b>Deadline to Submit <i>Rewards Request Form</i></b>	<b>Date Employee will Receive Contribution to Flexible Spending Account</b>
December 15, 2011	January 2, 2012
March 15, 2012	April 2, 2012
June 15, 2012	July 2, 2012
September 14, 2012	October 1, 2012

## How to Use Your Rewards:

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1. Per IRS rules, FSA funds can be used for eligible health care expenses for any member of the family.
2. Per IRS rules, FSA funds must be used by December 31, 2012 or the employee will lose access to them.
3. Funds may be accessed by using the FSA card, which the employee will receive in the mail or by submitting receipts for eligible purchases.

## Where Can I Get More Information on the Wellness Rewards Program?

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- Visit the Wellness page of the Human Resources Department to find forms, templates, information in Spanish, FAQs and more.
- You can also contact the Employee Wellness Program at 207-WELL (9355) or [wellness@sanantonio.gov](mailto:wellness@sanantonio.gov).

# 2012 Rewards Request Form

Submit this form to the Employee Wellness Program  
 111 Soledad, Ste. #1000  
 Fax: 207-4064; E-mail:wellness@sanantonio.gov  
 Contact us at: 207-WELL (9355)

Date Submitted: \_\_\_\_\_

Person who completed the eligible activity(ies):     City Employee                       Spouse of a City Employee

Employee Name: \_\_\_\_\_ Spouse Name (if applicable): \_\_\_\_\_

Employee ID Number/SAP (required): \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number and/or e-mail (to contact the employee with any questions or confirmations):  
 \_\_\_\_\_

## Eligible Activities: *Please check off your completed activities*

Choose Up to Five (5) Activities from the List Below Value: \$25 each		Documentation
<input type="checkbox"/>	<b>Enroll in and complete a City-sponsored Weight Watchers at Work session or Quit for Life Tobacco Cessation Program</b>	Name of program, along with completion certificate
<input type="checkbox"/>	<b>Keep a Food Journal for eight (8) weeks</b> <ul style="list-style-type: none"> <li>All food that is consumed should be written down.</li> </ul>	Journal recorded on the Wellness Program template
<input type="checkbox"/>	<b>Keep a Physical Activity Journal for eight (8) weeks</b> <ul style="list-style-type: none"> <li>All physical activity should be written down.</li> <li>Eligible activities include, but are not limited to: gym usage, running, walking, or cycling log.</li> </ul>	Journal recorded on the Wellness Program template; Gym usage report accepted
<input type="checkbox"/>	<b>Enroll in City-sponsored bicycle program and log eight (8) miles</b> <ul style="list-style-type: none"> <li>Sign up for Employee Bike Share (free on CoSA web to Employees only), and/or</li> <li>Become a member of San Antonio Bike Share at <a href="http://www.sanantonio.bcycle.com">www.sanantonio.bcycle.com</a> (membership fee will be charged)</li> <li>Logged miles may be through either program or any combination of them.</li> </ul>	User waiver from Employee Bike Share Program or confirmation from SA Bike Share.
<input type="checkbox"/>	<b>Attend <u>three events</u> hosted by the Employee Wellness Program</b> <ul style="list-style-type: none"> <li>Some Wellness events may be limited to employees only (no spouses).</li> <li>Events include but are not limited to wellness series presentations, City Manager's 5k, City Manager's Bike Ride, Health Screening events, Health Expo, Dealing with Diabetes Support Group meetings.</li> </ul>	<u>Must attend all three events before submitting form.</u> Please list all three events/dates. 1. _____ 2. _____ 3. _____
<input type="checkbox"/>	<b>Obtain an Annual Routine Physical</b> <ul style="list-style-type: none"> <li>Civilian employees and spouses who participate in the City's health plan can obtain an annual routine physical at covered at 100%.</li> </ul>	Paperwork from physician office or Explanation of Benefits (EOB) from insurance
<input type="checkbox"/>	<b>Obtain an Annual Health Screening (limit one for Rewards)</b> <ul style="list-style-type: none"> <li>Eligible screenings include but are not limited to: Mammogram, Prostate Exam, Colonoscopy, Pap Smear, Dental Preventive Visit and Vision Screening.</li> </ul>	Paperwork from physician office or Explanation of Benefits (EOB) from insurance
<input type="checkbox"/>	<b>Utilize a City Health Station (Blood Pressure Kiosk) weekly for eight (8) weeks</b> <ul style="list-style-type: none"> <li>Consecutive weeks are preferred but not required.</li> <li>Health Station locations can be found on the Wellness page of the Human Resources website.</li> </ul>	List of dates you used machine: _____
<input type="checkbox"/>	<b>Complete three (3) sessions with the City's Onsite Health Coach</b> <ul style="list-style-type: none"> <li>Employees only</li> </ul>	Coach's name _____
<input type="checkbox"/>	<b>Utilize a UnitedHealthcare Program or Complete an Online Health Assessment</b> <ul style="list-style-type: none"> <li>Eligible UHC programs include but are not limited to the online Health Assessment, Healthy Pregnancy Program, Personal Health Support, Online Health Coach.</li> <li>Civilian employees who do not participate in the City's health plan can complete the online Health Assessment at <a href="http://www.realage.com">www.realage.com</a>.</li> </ul>	Name of program, along with completion certificate _____
<input type="checkbox"/>	<b>Utilize a Deer Oaks Program</b> <ul style="list-style-type: none"> <li>Eligible Deer Oaks programs include but are not limited to personal counseling, legal assistance, financial counseling, child or elder care referrals, or webinars</li> </ul>	Name of counselor _____

*I confirm that I have completed approved activities to receive Wellness Reward Dollars for the current period of the Wellness Rewards Program and have attached all required documentation. I understand that each eligible participant can earn a maximum of \$125 in 2012 contributions to the employee's Flexible Spending Account. I understand that by completing and submitting this Rewards Request Form that I am actively enrolling in a Healthcare Flexible Spending Account if I do not already have one.*

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_