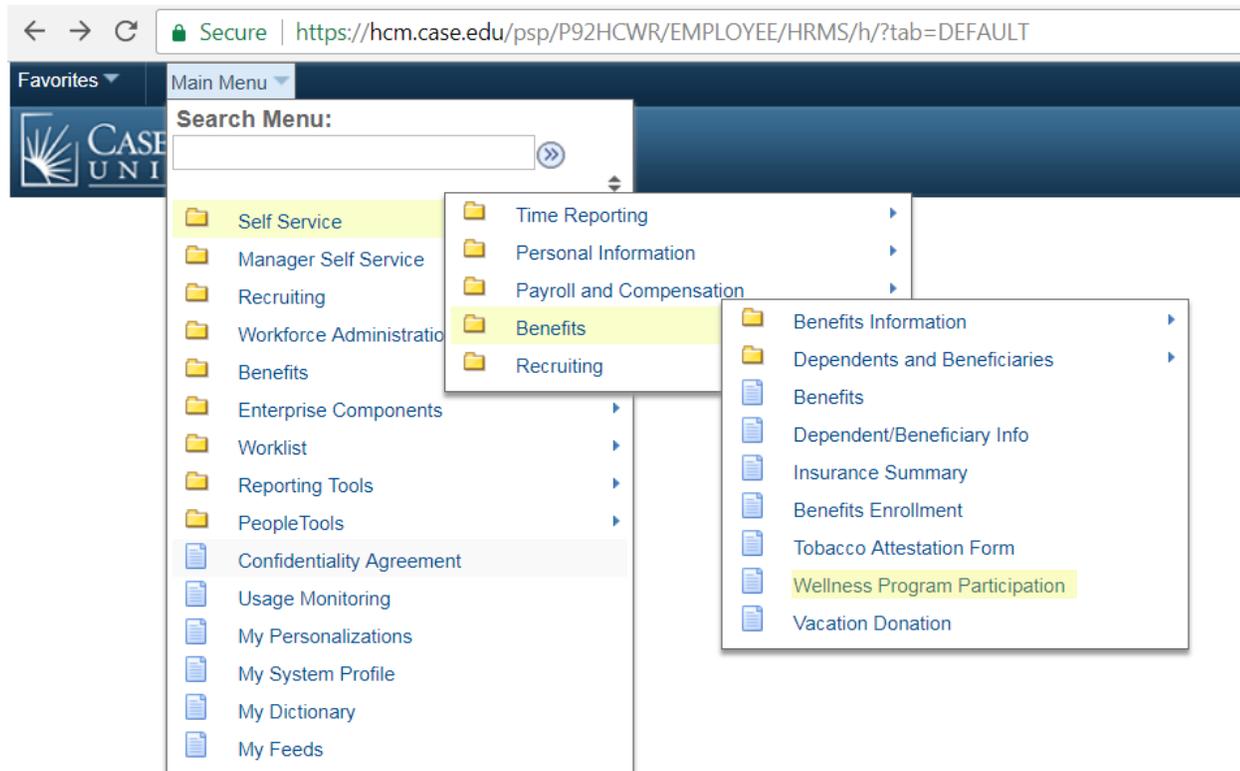


Entering Program Attestation

Once you have met the program participation criteria to qualify for the annual Wellness Program Incentive, you will need to submit an attestation form on-line by November 30th. You will then receive \$100 for one completed Wellness Program Incentive or \$200 for two completed Wellness Program Incentives. Incentive payments are distributed in the final December paycheck.

Log into HCM → Go to **Main Menu** → **Self Service** → **Benefits** → **Wellness Program Participation**



INCENTIVE CRITERIA PAGE: This page describes the criteria to earn the incentive.



Empl ID

2018 Wellness Program Incentives - Participation Criteria

Eligibility for the 2018 Wellness Program Incentive is contingent upon being a Wellness Participant*. Participation in one program any time between January 1 and November 30, 2018, will lead to a \$100 financial incentive delivered via the monthly paycheck at the end of the 2018 calendar year. Participation in any number of wellness programs is encouraged; the maximum financial reward available is \$200 (for two different content areas). All financial incentives paid will be taxable. All 2018 program participation needs to be completed by the end of Benelect Open Enrollment in 2018. Wellness participants must be employed by the university through December of each year to receive the Wellness Program Incentive(s).

Completion of one or two Wellness Program Incentive attestation forms is necessary by the end of Benelect Open Enrollment. The attestation forms can be found within each of the program tabs in this section of HCM.

Each participant is advised to confer with his/her health care provider before beginning any wellness program and to obtain approval from their health care provider before participation. Wellness program participants waive liability against the university for any damage or injury they may incur as a result of their participation in this voluntary program.

*Wellness Participant is defined as a CWRU faculty or staff member with Benelect medical plan coverage in 2018 who met the participation requirements for the Health Risk Appraisal, Biometric Screening, and Tobacco Attestation Form during fall 2017 and is currently receiving the monthly Wellness Premium Incentive.

This page continues on to describe the Physical Activity, Stress Management and Tobacco Cessation Incentives as well as the Notice of Reasonable Alternative Standard.

SAMPLE PROGRAM ATTESTATION PAGE: Click on check box to record activity. Then press “Save.”

← → ↻  Secure | https://hcm.case.edu/psp/P92HCWR/EMPLOYEE/HRMS/c/CW_BN_MENU.CW_WELL_WEIGHT

Favorites ▾ Main Menu ▾ > Self Service ▾ > Benefits ▾ > Wellness Program Participation

 **CASE WESTERN RESERVE UNIVERSITY** EST. 1826

Incentive Criteria | **Community** | Financial | Weight OR Nutrition | Physical Activity | Stress Management

Community

Empl ID **FORM COMPLETE**

Wellness Program Incentive Attestation Form - Community

All program participation and this attestation form needs to be completed by the end of the Benelect Open Enrollment period. Failure to accurately attest to your program participation status on this form will constitute an act of dishonesty, will disqualify you from eligibility for participation in the CWRU Wellness Program Participation Incentive and Wellness Premium Incentive opportunity, and will result in appropriate disciplinary action.

I attest that I have satisfied all requirements for the Community Program Incentive and am entitled to receipt of \$100.

I further certify that I have documented the foregoing participation, as required and provided for in the Program Participation Incentive descriptions, by way of:

- participation in an organized university-based community program that maintains participation records available for review upon request; or
- participation in a comparable program and my personal records documenting participation are available for review, or
- completion of a program that meets the Reasonable Alternative Standard as confirmed by written pre-approval of the CWRU Medical Director.

In addition:

- I certify that I am voluntarily undertaking this community well-being component of the Wellness Program. I waive any and all claims, injury, damage, and/or liability against the university or its employees, trustees or agents for any claims, injury, damage or liability that I may experience as a result of participation in this voluntary Wellness Program. I authorize my responses to this Wellness Program Participation Incentive Attestation Form to be shared with appropriate offices within the University that are responsible for administering benefits and the Wellness Program.

Notice of Reasonable Alternative Standard: If a medical condition makes it unreasonably difficult for you to achieve the standards for the incentive under this program, or if it is medically inadvisable as determined by your physician or health care provider for you to attempt to achieve the standards for the incentive under this program, contact erc10@case.edu to request a reasonable alternative standard, and we will work with you to provide another way to qualify for the incentive. Recommendations of your physician or health care provider will be considered and accommodated in developing an alternative standard that is reasonable in light of your health status.

Save

