

HCM Wellness Guide

How to attest to Wellness Program completion in HCM



**CASE
WESTERN
RESERVE
UNIVERSITY**

Employee Self Service ▾

Careers



Non Time Approvals



0

Open Enrollment

No Enrollment Available At This Time

CWRU Exception Timesheet



Wellness



Rave Alerts



Payroll



Last Pay Date 09/29/2023

Log into HCM (hcm.case.edu)

Select the
“Wellness” tile

Then
“Wellness
Program
Participation”



Navigate to the tab representing the program
category of the series you completed



Employee Self Service CW Wellness

Tobacco Attestation Form Incentive Criteria Community Financial Weight or Nutrition Physical Activity Sleep Stress Management

PCP Attestation Form Empl ID 1027522 Deanna Duffy

Wellness Summary

Wellness Program Participation

2023 Wellness Program Incentives - Participation Criteria

Eligibility for the 2023 Wellness Program Incentive is contingent upon being a Wellness Participant*. Participation in one program any time between January 1 and November 30, 2023, will lead to a \$100 financial incentive delivered via the monthly paycheck at the end of the 2023 calendar year. Participation in any number of wellness programs is encouraged; the maximum financial reward available is \$200 (for two different categories). All financial incentives paid will be taxable. All 2023 program participation needs to be completed by the end of Benelect Open Enrollment in 2023. 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.

Read the information to ensure you've met the criteria. Then, certify and save

Wellness Program Incentive Attestation Form - Financial

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 monthly Wellness Incentive opportunity, and will result in appropriate disciplinary action.

I attest that I have satisfied all requirements for the Financial 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:

Certify honestly



- participation in an on-site or off-site organized finance program that maintains participation records available for review upon request; or
- completion of a program that meets the Reasonable Alternative Standard as confirmed by written pre-approval of the CWRU Medical Director.

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.

Be sure to click "Save"



Save

Make sure to look at the
“Current Benefit Year” tab



Verify that
your
attestation is
complete on
the “Wellness
Summary”
page

Employee Self Service CW Wellness

Tobacco Attestation Form
PCP Attestation Form
Wellness Summary
Wellness Program Participation

Current Benefit Year Future Benefit Year

Wellness Information Summary

Benefit Year 2023

Wellness Premium Incentive Information

Completed Health Risk Assessment: received on 12/15/2022
Completed Biometric Screening: received on
Completed PCP Attestation: created on
Completed Tobacco Attestation:

NON-TOBACCO USER, choice made on 12/16/2022

Wellness Program Participation Incentive Information

The Wellness Program Incentive will be paid for a maximum of two completed program categories; the incentive payments (1 for \$100 or 2 for \$200) will be payable in the last paycheck of the calendar year.

Weight Management OR Nutrition incentive:	<input type="checkbox"/>	certified on
Physical Activity incentive:	<input checked="" type="checkbox"/>	certified on 04/25/2023 Form Complete
Stress Management incentive:	<input type="checkbox"/>	certified on
Tobacco Cessation incentive:	<input type="checkbox"/>	certified on
Financial incentive:	<input type="checkbox"/>	certified on
Community incentive:	<input checked="" type="checkbox"/>	certified on 04/25/2023 Form Complete
Sleep incentive:	<input type="checkbox"/>	certified on
General Wellness Incentive:	<input type="checkbox"/>	certified on

You will see a check mark and “Form Complete” next
to the program category for which you attested

