

# HCM Wellness Guide

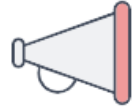
How to attest to Wellness Program completion in HCM



**CASE  
WESTERN  
RESERVE  
UNIVERSITY**

Employee Self Service ▾

Announcements



No Announcements available

Careers



Non Time Approvals



0

Open Enrollment

No Enrollment Available At This Time

CWRU Exception Timesheet



Wellness



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



Tobacco Attestation Form

PCP Attestation Form

Biometric Attestation Form

Dental/Cancer Attestation Form

Wellness Summary

**Wellness Program Participation**

Incentive Criteria   Community   Financial   Weight or Nutrition   **Physical Activity**   Sleep   Stress Management

Empl ID 1027522   Deanna Duffy

**2026 Wellness Program Incentives - Participation Criteria**

Eligibility for the 2026 Wellness Program Incentive is contingent upon being a Wellness Participant\*. Participation in one program any time between January 1 and November 30, 2026, will lead to a \$100 financial incentive delivered via the monthly paycheck at the end of the 2026 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 2026 program participation needs to be completed by the end of Benelect Open Enrollment in 2026. 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](mailto: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

Tobacco Attestation Form	Current Benefit Year	Prior Benefit Year
PCP Attestation Form	Wellness Information Summary	
Biometric Attestation Form	Benefit Year 2026	
Dental/Cancer Attestation Form	Wellness Premium Incentive Information	
<b>Wellness Summary</b>	Completed Health Risk Assessment: <input checked="" type="checkbox"/>	received on 09/28/2025
Wellness Program Participation	Completed Biometric Screening Attestation: <input type="checkbox"/>	created on
	Completed PCP Attestation: <input checked="" type="checkbox"/>	created on 09/02/2025
	Completed Dental CheckUp and/or Cancer Screening Attestation: <input checked="" type="checkbox"/>	created on 09/02/2025
	Completed Tobacco Attestation: <input checked="" type="checkbox"/>	
	NON-TOBACCO USER, choice made on 09/02/2025	
	Wellness Program Participation Incentive Information	
	<i>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.</i>	
	Weight Management OR Nutrition Incentive: <input type="checkbox"/>	certified on
	Physical Activity Incentive: <input checked="" type="checkbox"/>	certified on 04/03/2026 <b>Form Complete</b>
	Stress Management Incentive: <input checked="" type="checkbox"/>	certified on 04/03/2026 <b>Form Complete</b>
	Tobacco Cessation Incentive: <input type="checkbox"/>	certified on
	Financial Incentive: <input type="checkbox"/>	certified on
	Community Incentive: <input type="checkbox"/>	certified on
	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

