

REWARDS FOR WELLNESS



Tracking Your Participation

Use this sheet for your own records to keep track of Rewards for Wellness activities you have completed.

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|--|--------------------|----------------------|--------------------------|
| 1. Tobacco-Free Affidavit | Date Due: 12/31/08 | Date Completed _____ | <input type="checkbox"/> |
| *Verify affidavit received on www.getfitri.ri.gov and click the link Was my Tobacco-Free Affidavit received? Print Screen for your records.
*If you attended counseling, retain Tobacco Counseling Completion Form for your records. | | | |
| 2. Health Assessment | Date Due: 02/20/09 | Date Completed _____ | <input type="checkbox"/> |
| * Print recommendation page at end of Health Assessment for your records | | | |
| 3. Blood Pressure Screening | Date Due: 02/20/09 | Date Completed _____ | <input type="checkbox"/> |
| * Keep receipt of Health Fair screening results for your records | | | |
| 4. Body Mass Index (BMI)
or Body Fat Screening | Date Due: 02/20/09 | Date Completed _____ | <input type="checkbox"/> |
| * Keep receipt of Health Fair screening results for your records | | | |
| 5. Online Health Coaching Programs | | | |
| _____ Program | Date Due: 05/31/09 | Date Completed _____ | <input type="checkbox"/> |
| _____ Program | Date Due: 05/31/09 | Date Completed _____ | <input type="checkbox"/> |
| * Print end page upon completion of Coaching Program for your records | | | |
| 6. Preventive Screening | Date Due: 06/30/09 | Date Completed _____ | <input type="checkbox"/> |
| *UnitedHealthcare will use claims data to determine preventive screenings received. | | | |