

Wellness Incentives

This program is for those retired participants and their spouses with the Health Reimbursement Arrangement (HRA) from the North Carolina Conference.

Name of Conference Retired HRA Participant _____
 Social Security #XXX-XX-_____ Name of Dependent _____
 Year In Which Points Earned _____ (Points must be earned during the current calendar year and the form **submitted by March 31** of following year)

Activity:

1. Mileage (walking, jogging, swimming, etc.)
 Enter the # of miles you can document _____. Divide by 4. points _____
 Maximum allowed points = 50
2. Physical activity such as gardening, housework, sports, exercise.
 Enter the # of hours of activity _____ (annual). Divide by 4. points _____
 Maximum allowed points = 50

TOTAL Points Claimed this Section
Maximum Points Eligible for this Section is 50

Healthy Lifestyle:

1. Consumption of 5 servings of fruits and vegetables daily. 10 points _____
2. Nutritional supplements such as vitamins, minerals, or nutritionist visits. 10 points _____
3. Give up an unhealthy habit—Cut down on sugar, fat, limit portions, add more fiber to your diet. 10 points _____
4. Fitness club membership or equipment purchase. (Attach copy of receipts or memberships.) 10 points _____
5. Mental health rewards: *Take time to do something YOU enjoy and reward yourself with 10 points.* 10 points _____

TOTAL Points Claimed this Section
Maximum Points Eligible for this Section is 50

Preventive:

1. Routine Annual Physical. Date of service: _____ 10 points _____
2. Annual eye exam. Date of service: _____ 10 points _____
3. Annual dental exam. Date of service: _____ 10 points _____
4. Flu Shot or update your immunizations. 10 points _____
5. Preventive health measures (mammograms, psa, colonoscopy, etc.) 10 points _____

TOTAL Points Claimed this Section
Maximum Points Eligible for this Section is 50

	Points Earned	Rebate Earned
Total WIN Points (100 points minimum; \$150 rebate) Earned	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Submit to:
 NCCUMC
 Attn: WIN
 700 Waterfield Ridge Place
 Garner, NC 27529
 benefitsteam@nccumc.org