Wellness Rewards Program

2009 Rewards Request Form

Submit to:
Employee Wellness Program
115 Plaza de Armas, Ste. 260
Phone: 207-WELL (9355)
Fax: 207-7997
E-mail: wellness@sanantonio.gov

Participant Name: _____

Please check one: ☐ I am a City Employee ☐ I am the spouse of a City employee

Name of City Employee: _____ SAP No. (Required) _____

Member ID # (9 digit number on your United Healthcare Card): _____

☐ I am not on the City's Health Plan

Employee Department: _____ Phone: _____

_My_ Personal Rewards Tracking Form

Activity	Point Value	Completion Date	Documentation
REQUIRED : Online Health Assessment at www.myuhc.com	**45**		**No documentation required; UHC will validate names**
1.	**20**		
2.	**20**		
3.	**20**		
4.	**20**		

I confirm that I have completed approved activities to receive Wellness Reward Dollars for the current period of the Wellness Rewards program and have attached all required documentation.

I understand that I must complete the online Health Assessment at www.myuhc.com *(that will earn $45 in Rewards) before any other eligible activities will be given Reward Dollars.*

I understand that each eligible participant can earn a maximum of $125 in 2009 contributions to the employee's Flexible Spending Account.

I understand that by completing and submitting this Rewards Request Form that I am actively enrolling in a Flexible Spending Account if I do not already have one.

Participant Signature: _____ Date(MM/DD/YYYY): _____

Office Use Only:
Received by: _____ Date: _____
Reviewed by: _____ Date: _____

Circle One: Approved Not Approved

Amount of Contribution (If approved) _____
Date of Contribution _____