



2009-2010

**WILLIAMSON COUNTY
EMPLOYEE, ELIGIBLE SPOUSE AND RETIREE
WELLNESS PROGRAM**

**Sponsored by the Williamson County Human Resources Department,
with assistance from a variety of community resources.**

2009-2010 WILLIAMSON COUNTY WELLNESS PROGRAM

"COMMIT 2B FIT"

“COMMIT 2B FIT” is Williamson County’s employee wellness program that encourages each employee, eligible spouse and retiree to adopt healthy lifestyle behaviors. This program is now entering its 16th year and we commend each individual who has previously participated in the Wellness Program and welcome all new participants to this year’s program.

Eligible participation in the wellness program begins for **new employees on their 1st day of employment**. This includes all regular employees working thirty 30 hours or more per week on a consistent basis but does not include seasonal or temporary employees. New employees will not have to wait until the effective date for Health Plan coverage since this program is open to eligible employees regardless of enrollment in one of the Health Plans offered by the County. However, for a **Spouse** to be eligible to participate, they must be covered under one of the Williamson County UnitedHealthcare Medical Plans. As such, their participation in the Wellness Program does not begin until their first day of Williamson County UnitedHealthcare Medical plan coverage. For **current employees, eligible spouses and retirees** participation in the program will roll over from year to year based on employment status; no longer is there a need for an annually signed contract in order to participate in this wellness program. Employees who retire must be enrolled in one of the Health Plans in order to continue to participate in the Wellness Program as a retiree.

The next few pages outline Williamson County's 2009-2010 plans to encourage each eligible employee, spouse and retiree to participate in the Wellness Program and to become aware of the choices that lead to a healthier lifestyle. In addition to enjoying the health benefits related to participation in the Wellness Program, Williamson County also offers monetary reimbursement incentives to reward those individuals who choose to participate in the program. These monetary reimbursements are directly related to the points awarded for completion of the various requirements. **Please note that you can now be awarded only 100 points per Section as outlined on the Listing of Wellness Program Activities and Awarded Points.** Each point awarded is equivalent to a \$1.00 monetary reimbursement. The maximum reimbursement allowed for each participant is \$350.00 per program year. This amount is considered as income and will be subject to taxes and TCDRS retirement deductions.

Attention Participants!

We currently have two different affidavit forms (one for bio-medical related exams and screenings and one for HRA, stress management, wellness classes, fitness, focus and non-tobacco activities). Feel free to make more copies of the affidavits forms included in this manual or print them out from the web-site version of this manual. If you run completely out, and do not have access to the County web-site, please contact the Human Resources Department at (512) 943-1533 or hr@wilco.org for more copies and they will be forwarded to you.

Please carefully review this manual for instructions and policy information. Also, please note that any exams or activities that occurred prior to the participant’s eligibility date (i.e., enrollment date), will also be denied credit and will not be awarded points simply due to an ineligible status at the time of the exam or activity. This illustrates the importance of ensuring that you understand and apply all of the program guidelines and rules to allow you to maximize your annual points award this year.

Please remember that all activities outlined in this Wellness Program Manual are optional activities. Participation in the program is strictly voluntary.

**2009-2010 WILLIAMSON COUNTY WELLNESS PROGRAM "COMMIT 2B FIT"
REIMBURSEMENT PROCEDURES AND REQUIREMENTS**

To be eligible to participate in the program:

- 1) A Williamson County **employee** must meet the **eligibility requirements** for participation in one of the Medical Health Plans but enrollment is not required. These eligibility requirements include filling a full-time County-funded position with one of the following:

Williamson County
Williamson County and Cities Health District (WCCHD)
Williamson County Community Supervision and Corrections Department (CSCD)
Williamson County Agricultural Extension Office
Williamson County Historical Museum

A regular work schedule of thirty (30) hours or more per week is also required. Part time, seasonal or temporary employees are not eligible to participate in the wellness program. **Spouses** of eligible employees must be covered under one of Williamson County's UnitedHealthcare Medical Plans in order to be eligible to participate in the Wellness Program.

A current Williamson County **retiree** must be enrolled in one of Williamson County's UnitedHealthcare Medical Plans in order to be eligible to participate in the Wellness Program. **Spouses** of eligible county retirees must be covered under one of Williamson County's UnitedHealthcare Medical Plans in order to be eligible to participate in the wellness program.

- 2) You are enrolled until your employment is terminated for any reason or you change status to part time (less than 30 hours a week) or you retire and do not have medical coverage with Williamson County.
- 3) Participants must also be employed with Williamson County or be an eligible spouse or retiree **up through the end of the current Wellness Program year (October 31, 2010)** to be eligible for Wellness Program reimbursement in December 2010. If a participant terminates employment or loses eligibility (without meeting the retirement eligibility requirements) before October 31, 2010, they will not be eligible for any reimbursement from Williamson County even though they may have completed all other reimbursement requirements. If a former employee is re-hired, any Wellness points awarded prior to their last employment termination date will not be reinstated for that year.
- 4) **Wellness Affidavits** for each of the activities completed during the program year (November 1, 2009 to October 31, 2010) must be date stamped by the Human Resources Department (including manual ink date stamp, automatic date on email submission and/or fax submission) or postmarked by the United States Post Office on or before **October 31, 2010 at 5:00 p.m.** in order for points to be awarded and reimbursement received. Please note that completed affidavits may be forwarded or turned in to the Human Resources Department at any time during the program year. NEW - You may scan and email your completed wellness affidavit(s)/documentation to wellness@wilco.org, or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.

After November 1, 2010, the Human Resources Department personnel will review and approve each of the affidavits for fulfillment of the reimbursement requirements. Participant files will also be audited by the Williamson County Auditor's Office Internal Control Department. Following the audit, reimbursements which meet final Auditor's approval will be paid to the participants no later than December 31, 2010 with the target goal pay date being December 3, 2010. Payment to employee and eligible spouses will be through the regular payroll process and is taxable and subject to TCDRS retirement deductions.

**2009-2010 WILLIAMSON COUNTY WELLNESS PROGRAM
"COMMIT 2B FIT"**

Listing of Wellness Program Activities and Associated Points

Maximum Points Awarded Per Section = 100 **Points for Participation / Each Point = \$1.00**
Maximum Pre-Tax Reimbursement Per Participating Employee / Eligible Spouse / Retiree = \$350.00
 (Taxes & retirement deductions will be withheld from total reimbursement amount.)

Section I – Clinical Prevention – Maximum Points Awarded from this Section = 100

Comprehensive Annual Physical Examination (fasting suggested 12 hours prior to exam).....50
 A Comprehensive Exam typically includes:
 Weight
 Total Cholesterol Level
 LDL Level / HDL Ratio
 Blood Pressure
 Diabetes Screening
 Skin Cancer Screening

Male: Annual Prostate Exam (Under age 40 will not be awarded points for this).....10
Male: Annual Breast Exam10
Female: Annual Breast Exam or Annual Mammogram (if mammogram recommended by medical guidelines)...10
 Cervical Cancer Screening (pap smear).....10

Colonoscopy (Colon Cancer Screening) (under age 50 will not be awarded points for this).....25

Annual Glaucoma Screening (under age 40 will not be awarded points for this).....10

Preventive Dental Exam and Cleaning.....25

Health Risk Assessment (HRA).....50

Section II – Non-Tobacco – Maximum Points Awarded from this Section = 100

Non-Smoker/Non-User of Tobacco Products, per 12 month Wellness Program Year.....100

Section III – Health Education – Maximum Points Awarded from this Section = 100

Stress Management Class / Alternative Medicine Session, per class/session *Maximum 6 classes per year*..15

Stress Management Class Series *Maximum 1 series per year*.....90

Wellness Class, per class (live/video/DVD) *Maximum 6 classes per year*..... 15

Wellness Class Series *Maximum 1 series per year*90

Section IV – Physical Activity – Maximum Points Awarded from this Section = 100

Organization Membership, per 28 day period15

Fitness / Exercise Participation, per 28 day period15

Participation in a Wellness Focus Activity15

Individual Item Requirements Checklist for Reimbursement:

1. **Comprehensive Annual Physical Examination:** The examination may cover a number of factors such as weight, cholesterol levels, blood pressure, diabetes screening, and various cancer screenings. It is recommended that participants follow their healthcare provider's instructions about fasting prior to the exam. Please make sure that you complete the employee certification section in the bottom left corner of the affidavit before giving the affidavit with your healthcare provider for their signature and date.

An affidavit is required as proof that the participant was examined by their doctor or other qualified healthcare provider during the current Wellness Program year (November 1, 2009 through October 31, 2010) or after the eligibility (or enrollment) date for the individual participant.

Each participant who wishes to receive credit for this examination should:

- 1) have their doctor enter the exam date and sign and date the Affidavit form to verify that the exam was performed. **Please note that only one provider's signature, date and name is allowed per affidavit. So, only the exam(s) performed by that one specific provider should be listed on the affidavit.**

OR

- 2) **Attach a copy of your explanation of benefits (EOB) to an affidavit that you have signed and dated. The affidavit with "Preventive" in the services provided section will serve as documentation that a preventive care exam was completed, the date of the exam and the name of the physician.**

Tip: For those enrolled in the Williamson County UnitedHealthcare Medical Plan you may access your explanation of benefits (EOB) at www.myuhc.com.

2. **Colonoscopy (Colon Cancer Screening)** – (only participants who are age 50 or over will be eligible to receive points). You may receive credit for only one colonoscopy per Wellness Program Year. Points will only be given for a colonoscopy; no points are awarded for a fecal occult screening.

An affidavit is required as proof that the participant was examined by their doctor or other qualified healthcare provider during the current Wellness Program year (November 1, 2009 through October 31, 2010) or after the eligibility (or enrollment) date for the individual participant.

Each participant who wishes to receive credit should have their doctor enter the exam date and sign the Affidavit form to verify that the exam was performed. **Please note that only one provider's signature, date and name is allowed per affidavit. So, only the exam performed by that one specific provider should be listed on the affidavit.**

3. **Annual Glaucoma Screening** (only participants who are age 40 or over will be eligible to receive points). You may receive credit for only one glaucoma screening per Wellness Program Year.

An affidavit is required as proof that the participant was examined by their doctor or other qualified healthcare provider during the current Wellness Program year (November 1, 2009 through October 31, 2010) or after the eligibility (or enrollment) date for the individual participant.

Each participant who wishes to receive credit for this examination should:

- 1) have their doctor enter the exam date and sign and date the Affidavit form to verify that the exam was performed. **Please note that only one provider's signature, date and name is allowed per affidavit. So, only the exam(s) performed by that one specific provider should be listed on the affidavit.**

OR

2) Attach a copy of your vision explanation of benefits (EOB) to an affidavit that you have signed and dated. The affidavit with “Routine” in the services provided section will serve as documentation that a routine vision exam was completed, the date of the exam and the name of the physician.

Tip: For those enrolled in the Williamson County UnitedHealthcare Medical and/or Ameritas Vision Plan you may access your explanation of benefits (EOB) at www.myuhc.com or www.ameritasgroup.com.

4. **Preventive Dental Exam and Cleaning:** You may receive credit for up to two exams and cleanings per Wellness Program Year.

An affidavit is required as proof that the participant was examined by their doctor or other qualified healthcare provider during the current Wellness Program year (November 1, 2009 through October 31, 2010) or after the eligibility (or enrollment) date for the individual participant.

Each participant who wishes to receive credit for this examination should:

1) have their doctor enter the exam date and sign and date the Affidavit form to verify that the exam was performed. **Please note that only one provider’s signature, date and name is allowed per affidavit. So, only the exam(s) performed by that one specific provider should be listed on the affidavit.**

OR

2) Attach a copy of your dental explanation of benefits (EOB) to an affidavit that you have signed and dated. The affidavit with “Preventive” in the services provided section will serve as documentation that a preventive exam was completed, the date of the exam and the name of the physician.

Tip: For those enrolled in the Ameritas Dental Plan you may access your explanation of benefits (EOB) at www.ameritasgroup.com.

5. **Non-Smoker/Non-User of Tobacco Products:** Participant’s signature on an affidavit means that they do not smoke nor do they use any tobacco product during the entire 12 months of the current Wellness Program year. Participants who sign an affidavit and then fail to comply with their statement of non-use will relinquish their rights to the reimbursement points. If the participant should begin using tobacco products at any time during the 12 months of the Wellness Program year the participant should contact the Human Resources Department to withdraw their affidavit (for that 100 point non-tobacco use credit).

6. **Health Risk Assessment (HRA):** Eligible employees and spouses who have medical plan coverage offered by Williamson County can log on to www.myuhc.com, click on “Health & Wellness” located at the top right of the screen to access the Health Risk Assessment. Click on Take a Health Assessment. Wellness Program participants who do not have medical plan coverage offered by Williamson County can log onto <http://ohra.ucis.dal.ca> to access and complete the HRA.

You have the opportunity to complete a confidential HRA and you will also learn more about your current health status and your individual health risk factors. This knowledge should help you as you set your own personal health goals. It will also help you keep track of the progress you make towards achieving your personal health goals. After completing the HRA, print the “Congratulations” page of the HRA, complete and sign an Affidavit of Completed Wellness Program Activity and attach the HRA page. No witness signature is required since the HRA page serves as documentation of the activity. You may receive credit for completion of only one HRA during each Wellness Program year.

8. **Stress Management Class / Alternative Medicine Session:** Williamson County will occasionally sponsor a Stress Management Class to be held on a County site. Stress Management Classes provide an educational opportunity for participants to learn more about how to effectively deal with stress that occurs in daily life. By learning how to respond to daily stress and applying learned responses, participants should be better able to cope and enjoy a healthier lifestyle.

In order to be awarded Wellness Points for Williamson County on-site Stress Management Class Attendance, an eligible participant must sign the attendance sign-in sheet when attending a Stress Management Class offered by Williamson County.

If you go to a class not held by Williamson County you will need a signed affidavit from the instructor as proof of attendance. Please note that credit may or may not be given for classes offered outside of Williamson County. For Stress Management classes or seminars include a copy of the flyer or advertisement for the class with the affidavit. The value of the information provided and whether it enables a participant to make healthy lifestyle choices in the future will be the determining factor on whether points may be awarded by the Human Resources Department.

Alternative Medicine that promotes health & well being such as, but not limited to: Individual Massage Therapy, Acupuncture and/or Hypnotherapy Sessions consisting of a minimum of 45 minutes per session may also receive credit in this category. No points will be awarded for an Alternative Medicine Session of less than 45 minutes. Please note: You may be required to submit additional documentation to provide information regarding the Alternative Medicine you've elected. This will be the determining factor on whether Wellness Points may be awarded by the Human Resources Department.

Participants can also receive credit by viewing a Video/DVD of a class, and by completing an evaluation form to submit along with a completed Wellness Affidavit to the Human Resources Department. Participants may not receive credit for viewing a Video/DVD twice or for viewing a Video/DVD of classes they attended that year. Videos/DVD are available from the Human Resources Department.

Participants may receive credit for up to a total of six (6) classes or sessions per Wellness Program year (i.e., 6 classes/sessions = 90 points).

9. **Stress Management Class Series:** Williamson County will occasionally sponsor a Stress Management Class Series to be held on a County site. Stress Management Class Series provide an educational opportunity for participants to learn more about how to effectively deal with stress that occurs in daily life. By learning how to respond to daily stress and applying learned responses, participants should be better able to cope and enjoy a healthier lifestyle.

All classes in a class series must be attended in order to receive credit for a class series. To be awarded Wellness Points for Williamson County on-site class series attendance, an eligible participant must sign the attendance sign-in sheet for all classes in the series.

A Personal Financial Management Education Class Series is considered a Stress Management Class Series. If a Wellness Program participant attends a non-County sponsored Personal Financial Management Education Course, the course topics should include:

- Personal Budgeting
- Insurance Options
- Use of Credit
- Debt Management
- Investments

In order to receive credit for the course, the participant should submit an Affidavit of Completed Wellness Activity with:

- a copy of the participant's registration form,
- a copy of the course agenda and
- a certificate of course completion.

If a certificate is not issued, then the affidavit should include the instructor's signature, date of completion and the instructor's printed name.

Participants may receive credit for one (1) class series sponsored by the Williamson County Human Resource Department per Wellness Program year (i.e., 1 class series = 90 points).

10. **Wellness Class:** Williamson County will occasionally sponsor a Wellness Class to be held on a County site. Wellness Classes provide an educational opportunity for participants to learn more about their health and healthy lifestyle choices. By learning more about healthy lifestyle choices and applying learned responses, participants should be better able to benefit from and enjoy a healthier lifestyle.

In order to be awarded Wellness Points for Williamson County on-site class attendance, an eligible participant must sign the attendance sign-in sheet when attending a wellness class offered by Williamson County.

Participants can also receive credit by viewing a Video/DVD of a class, and by completing an evaluation form to submit along with a completed Wellness Affidavit to the Human Resources Department. Participants may not receive credit for viewing a Video/DVD twice or for viewing a Video/DVD of classes they attended that year. Videos/DVD are available from the Human Resources Department.

If you go to a class **not** held by Williamson County you will need a signed affidavit from the instructor as proof of attendance. Please note that credit may or may not be given for classes offered outside of Williamson County. For Wellness classes or seminars include a copy of the flyer or advertisement for the class with the affidavit. The value of the information provided and whether it enables a participant to make healthy lifestyle choices in the future will be the determining factor on whether points may be awarded by the Human Resources Department.

Participants may receive credit for up to six (6) classes per Wellness Program year (i.e., 6 classes = 90 points).

11. **Wellness Class Series:** Williamson County will occasionally sponsor a Wellness Class Series to be held on a County site. Wellness Class Series provide an educational opportunity for participants to learn more about their health and healthy lifestyle choices. By learning more about healthy lifestyle choices and applying learned responses, participants should be better able to benefit from and enjoy a healthier lifestyle.

All classes in a class series must be attended in order to receive credit for a class series. To be awarded Wellness Points for Williamson County on-site class series attendance, an eligible participant must sign the attendance sign-in sheet for all classes in the series.

Participants can also receive credit by viewing a Video/DVD of a class, and by completing an evaluation form to submit along with a completed Wellness Affidavit to the Human Resources Department. Participants may not receive credit for viewing a Video/DVD twice or for viewing a Video/DVD of classes they attended that year. Videos/DVD are available from the Human Resources Department.

Participants may receive credit for one (1) class series sponsored by the Williamson County Human Resource Department per Wellness Program year (i.e., 1 class series = 90 points).

12. **Organization Membership:** Participant **must** obtain the signature of an employee of the Health Club, Fitness Center, and or Sports Club, etc., as their witness and must also sign the affidavit **stating that they have participated** in fitness activities at a facility during the November 1, 2009 to October 31, 2010 time period.

Credit for participation will be awarded based upon twenty-eight (28) day periods. Periods of less than twenty-eight (28) days will not be awarded points. An affidavit for a specific month will not be considered for credit unless it is turned in to the HR Department after the 28th day of that specific month. For example, to get credit for October 2010, an affidavit must be turned in no earlier than 10/28/2010 and no later than 10/31/2010. One month's credit for the membership will include all activities participated in at the facility.

*Participants may receive credit for both Organization Membership and Fitness/Exercise Participation for the same month **IF** the two activities are completely separate. For example, a participant may receive credit for both Organization Membership for Weight Training and for Fitness / Exercise Participation for Running in the month of November. They may not receive credit for both Organization Membership and Fitness / Exercise Participation if they were weight training at the gym and weight training with a partner at home during the same month. *Note –Wellness point credit is not for membership alone. To receive credit, participants must be active in physical fitness activity during each 28 day period they claim for Wellness points award.*

13. **Fitness / Exercise Participation:** Participants will also be allowed to exercise alone or in groups of two (2) or more without membership in a fitness center. In order to receive credit for this activity, you must have a signature of someone who will witness your affidavit. This could be someone who has observed and/or is aware of your fitness/exercise activities or who serves as your exercise partner. The fitness/exercise activity can include participation in organized sports or individual fitness/exercise activities.

Credit for participation will be awarded based upon twenty-eight (28) day periods. Periods of less than twenty-eight (28) days will not be awarded points. An affidavit for a specific month will not be considered for credit unless it is turned in to the HR Department after the 28th day of that specific month. For example, to get credit for October 2010, an affidavit must be turned in no earlier than 10/28/2010 and no later than 10/31/2010. The specific name of the activity or activities you participated in **must** be included on the affidavit. One month's credit for fitness/exercise participation will include all fitness/exercise activities participated in during any single month.

*Participants may receive credit for both Organization Membership and Fitness/Exercise Participation for the same month **IF** the two activities are completely separate. For example, a participant may receive credit for both Organization Membership for Weight Training and for Fitness / Exercise Participation for Running in the month of November. They may not receive credit for both Organization Membership and Fitness/Exercise Participation if they were weight training at the gym and weight training with a partner at home during the same month. *Note –To receive credit, participants must be active in a fitness/exercise activity that can be done repetitively during each 28 day period they claim for Wellness points award. This will be the determining factor on whether points may be awarded by the Human Resources Department.*

Physical Therapy or Rehabilitation exercises will not be considered for Wellness Points award credit.

14. **Participation in a Wellness Focus Activity:** In order to receive credit for a Wellness Focus Activity, a non-repetitive focus activity must have some relationship to healthy lifestyle practices, exercise, practicing healthy dietary choices or active participation in a sponsored walk/run event or a 28 day departmental team exercise challenge. This will be the determining factor on whether Wellness Points may be awarded by the Human Resources Department.

Wellness Focus Activities include those designated or determined by the “Commit 2B Fit” Coordinator. Focus activities may also include participation in non-profit fund raisers. Examples include but are not limited to:

- “Walk for the Cure” – American Diabetes Association
- “Relay for Life” – American Cancer Society
- “Cupid’s Chase – 6K Walk” – City of Georgetown Recreation Center
- “Christmas in July 5K” – Brown Santa
- “Capital 10K” – Austin American Statesman
- “Walk America” – March of Dimes
- “Trail of Lights 5K” – City of Austin, Parks and Recreation
- “Race for the Cure” – Susan G. Komen Foundation

A participant’s signature on an affidavit verifies that they participated in the stated activity. In order to receive credit for an activity, you must have one of the following depending upon the type of focus activity you participated in:

- 1) an Event Sponsor Staff Member or Class Instructor, whichever is applicable, will need to provide a signature/date/printed name on your affidavit and verify that you did participate on the date(s) of the activity.

OR

- 2) A completed affidavit with an attached event registration form and race # panel that was issued to you at the event

OR

- 3) A departmental sign-in sheet that was used for attendance records for a Wellness related departmental activity.

OR

- 4) A team log for a 28 day departmental exercise challenge

**2009-2010 WILLIAMSON COUNTY WELLNESS PROGRAM
 “COMMIT 2B FIT”
 AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY
 BIO-MEDICAL –RELATED EXAMS & SCREENINGS**



(EOB's can be submitted in lieu of Provider Signatures – Please see Wellness Manual for details)

Participants may only be awarded 100 points per Section - See Listing of Wellness Program Activities and Associated Points

Comprehensive Annual Physical Examination

Exam Date _____

A Comprehensive Annual Physical Exam Typically Includes:

(Only Provider can enter date)

- Weight
- Total Cholesterol Level
- LDL Level
- HDL Ratio
- Blood Pressure
- Diabetes Screening
- Skin Cancer Screening

Male: Prostate Exam – (age 40 and over)

Exam Date _____

(Only Provider can enter date)

Male: Breast Exam

Exam Date _____

(Only Provider can enter date)

Female: Breast Exam or Annual Mammography

Exam Date _____

(Only Provider can enter date)

Cervical Cancer Screening (pap smear)

Screening Date _____

(Only Provider can enter date)

Colonoscopy (Colon Cancer Screening) (age 50 & over)

Screening Date _____

(Only Provider can enter date)

Annual Glaucoma Screening (age 40 and over)

Screening Date _____

(Only Provider can enter date)

Preventive Dental Exam and Cleaning

Exam Date _____

(Only Provider can enter date)

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual item requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.

Only 1 Healthcare Provider's Signature/Date or EOB per affidavit:

Signature of Employee / Retiree / Spouse Date

Signature of Physician or Health Care Provider Date Signed

Printed Name Employee #

Printed Name of Physician or Health Care Provider

Please note only the Health Care Provider may enter Exam and/or Screening Dates. Please retain a copy of this document for your records before submitting to the Human Resources Department. You may scan and email your completed wellness affidavit(s)/documentation to wellness@wilco.org, or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.

**2009-2010 WILLIAMSON COUNTY
EMPLOYEE WELLNESS PROGRAM
“COMMIT TO BE FIT”**



**AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY
For HRA, Classes, Physical Fitness, Focus & Non-Tobacco Activities**

Participants may only be awarded 100 points per Section -See Listing of Wellness Program Activities & Associated Points

Health Risk Assessment (HRA) - (Refer to manual for online directions)	Date of Completed Assessment _____ Also Attach HRA Page
Stress Management Class/Session or Wellness Class (An affidavit is only required for <u>Non-County</u> Sponsored “Live” Classes) (Class Instructor Signature is Required Below)	Name of Class/Session _____ Date & Time(s) of Class/Session _____
Stress Management Class Series or Wellness Class Series (An affidavit is only required for <u>Non-County</u> Sponsored “Live” Classes) (Class Instructor Signature is Required Below)	Name of Class Series _____ Dates & Times of Class Series _____
Stress Management Video/DVD or Wellness Video/DVD (To receive wellness points for viewing videos/DVDs, a separate evaluation form must be completed for each title) (Witness Signature is Required Below)	Title of Video/DVD _____ Date of Viewing _____ Also Attach Completed Video/DVD Evaluation Form
Organization Membership (Facility Staff Signature required below) Note: Credit given for 28 day periods (less than 28 days will not be credited) Dates should reference actual dates, i.e. 11/1/09 – 11/30/09	Name of Facility _____ Name of Activity _____ Specific Range of Dates of Activity _____ Include Month, Date, and Year
Fitness / Exercise Participation (Witness Signature required below) Note: Credit given for 28 day periods (less than 28 days will not be credited) Dates should reference actual dates, i.e. 11/1/09 – 11/30/09	Name of Activity _____ Specific Range of Dates of Activity _____ Include Month, Date, and Year
Participation in a Wellness Focus Activity (Please see manual for required documentation)	Focus Activity Name _____ Specific Date(s) of Activity _____
Non-Smoker / Non-User of Tobacco Products (Witness signature required below)	I do not use tobacco products _____ (Initials of Participant required on above line)

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual item requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed OR for more than one (1) activity at a time.

Only 1 Signature per affidavit for all activities noted:

Employee/Retiree/Spouse Signature Date

Signature of Witness, Staff or Instructor Date Signed

Printed Name Employee #

Printed Name of Witness, Staff or Instructor

Please retain a copy of this document for your records before submitting to the Human Resources Department. You may scan and email your completed wellness affidavit(s)/documentation to wellness@wilco.org, or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.



Your Name: _____

Date of Evaluation: _____

Wellness Video/DVD Evaluation Form

(You **must** answer all of questions 1-5 in order to be awarded points for viewing the Video/DVD)

Name of Topic:

Name of Speaker:

1. What is your overall evaluation of the program?

2. How is the topic relevant to you?

3. What did you learn that you didn't already know about?

4. What was the most important or interesting point covered in the program?

5. Do you intend to change your (health) behavior in any way as a result of this program?
____yes - How? Please specify_____
____no _____

6. How might this program be improved? Please list any suggestions.

Please retain a copy of this document for your records before submitting to the Human Resources Department. You may scan and email your completed wellness affidavit(s)/documentation to wellness@wilco.org, or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.