2019 Live WELL Incentives Healthy Weight Reward Form

PROGRAM PERIOD: January 7, 2019 – October 4, 2019 Please keep this form until you reach your goal AND reward for the \$300 Healthy Weight Reward											
Required Employee ID# Find six-digit ID# by your name on paycheck											
Last Name (print legibly)					First N	First Name					MI
Birth Date	mo/	day/	year	Circle One	Male	Female	Prefe	rred Phone			

- Goal Met: Submit only one form completed by an Acceptable Professional. Height, weight and waist (if needed), must be in one of the Reward Goal Zones
- Goal Not Met: Submit a second form with rewardable measurement, if initial measurements are not in one of the Reward Goal Zones
 - Weight loss reward calculation: last weight recorded with LiveWELL in 2018 will be used as your start weight, unless a new start weight in 2019 is submitted
- The teammate must submit this form by fax 704.446.1635 or scan and email a PDF version (photographs cannot be processed) to LiveWELLRewards@AtriumHealth.org

Measurements must be completed with no shoes, light clothing, by an Acceptable Professional (see reverse side).

Pregnant, breastfeeding, underweight or teammates with medical exceptions can complete a Healthy Weight Reward Exception Form or Maternity/New Mother Exception Form found at https://htmanResources.AtriumHealth.org/LiveWELL/Resources/LiveWELL-forms to qualify for the Healthy Weight Reward

Measurement Date Required			mo/ day/ y			year				
Height No shoes, height may not be self-reported				Weight Required No shoes, light clothing			Waist Measurement Tape placed level, slightly higher than top of hip bones. Pant size is NOT waist measurement.			
Measure to nearest ¼ inch				To nearest 1/10th pound			To nearest ¼ inch			
	Feet	Inches	Fraction		Pounds	Tenths		Inc	hes	Fraction
Acceptable Professional Verification: Signature acknowledges that you completed these measurements accurately on the date above						GOAL:				
							DEADLINE: March 15, 2019 June 7, 2019		15, 2019	
PRINTED Name									7, 2019	
									October 4, 2019	
Signature Practice I			Practice nar	me						

FIND YOUR REWARD GOAL ZONE TO QUALIFY FOR THE HEALTHY WEIGHT REWARD (HWR)

		HEALTHY WEIGHT REWARD GOAL ZONES (Risk Zones)**					
START H	ERE	GREEN ZONE \$300 Weight Reward \$300 Weight & Waist		ORANGE ZONE \$300 for Weight loss			
Find your height be find your weight in th	elow then	Reward if weight is in zone below. Note: If weight is below this zone complete HWR Exception Form	Reward if weight is in zone below and waist equal or less than: 35" for women OR 40" for men	If weight is at or above amount below, earn HWR for 15 lb. weight loss			
	58" (4ft 10in)	88 – 119	119 - 143	143			
	59" (4ft 11in)	91 – 124	124 - 148	148			
	60" (5ft)	94 – 128	128 - 153	153			
Height is measured to nearest	61" (5ft 1in)	97 – 132	132 - 159	159			
1/4 inch. Weight	62" (5ft 2in)	100 – 136	136 - 164	164			
goal is adjusted	63" (5ft 3in)	104 – 141	141 - 169	169			
proportionately.	64" (5ft 4in)	107 – 145	145 - 175	175			
	65" (5ft 5in)	110 – 150	150 - 180	180			
	66" (5ft 6in)	114 – 155	155 - 186	186			
Pregnant, breastfeeding or	67" (5ft 7in)	117 – 159	159 - 191	191			
those with medical exceptions	68" (5ft 8in)	121 – 164	164 - 197	197			
· ·	69" (5ft 9in)	124 – 169	169 - 203	203			
can complete the Healthy	70" (5ft 10in)	128 – 174	174 - 209	209			
Weight Reward Exception	71" (5ft 11in)	131 – 179	179 - 215	215			
Form.	72" (6ft)	135 – 184	184 - 221	221			
	73" (6ft 1in)	139 – 189	189 - 227	227			
	74" (6ft 2in)	143 – 195	195 - 234	234			
	75" (6ft 3in)	147 – 200	200 - 240	240			
	76" (6ft 4in)	150 – 205	205 - 246	246			
	77" (6ft 5in)	154 – 211	211 - 253	253			
	78" (6ft 6in)	158 – 216	216 - 260	260			

ACCEPTABLE PROFESSIONALS

Your Personal Physician	Weight Watchers Leader (in-person)				
LiveWELL Consultants	Carolinas Weight Management (for patients only)				
Teammate Health Staff	Registered LiveWELL Healthy Weight Reward Champions for remote locations				
On-Site Care Staff	See LiveWELL webpage for more				

WHY IT'S IMPORTANT TO HAVE A HEALTHY WEIGHT

The HWR is meant to encourage action needed to maintain or improve your health. High body weight may increase the risk of many health problems, including diabetes, heart disease, and certain cancers. The risk of developing Type 2 diabetes is 7 times greater for women if weight for height is in the high-risk (**ORANGE**) zone versus the low-risk (**GREEN**) zone (see chart on other side for zones). Losing 5 to 10% of body weight can reduce risk of developing diabetes by 50% or more.

HOW DO I SUBMIT MY COMPLETED FORM(S) TO EARN THE \$300 HWR?

- Fax forms to **704.446.1635**
- OR Scan and email a PDF version (photographs cannot be processed) to LiveWELLRewards@AtriumHealth.org
- Receipt of your form is confirmed by Atrium Health email Keep your completed form(s) until reward is paid

DEADLINES TO SUBMIT FORMS AND PAYOUT INFORMATION

Important note: Rewards are paid into your HSA if you are enrolled in the LiveWELL Health Plan (medical plan), have an active HSA and are personally contributing to your 2019 HSA.

If there is no active HSA, reward is paid to your earnings and the \$300 HWR will be taxed.

- Rewardable form submitted on or before 3/15/19 deposits after 4/19/19 payroll (if paid monthly, deposit is May)
- Rewardable form submitted on or before 6/7/19 deposits after 7/12/19 payroll (if paid monthly, deposit is August)
- Rewardable form submitted on or before 10/4/19 deposits after 11/15/19 payroll (if paid monthly, deposit is December)

HOW DO I KNOW I WILL RECEIVE THE HWR?

- Confirmation of HWR will appear as **GREEN** and Achieved in your Total Health Portal (allow 2 weeks processing time)
- If an expected, rewardable HWR does not post within 2 weeks of submission, please call 704.355.8136
- You must be enrolled in the LiveWELL Health Plan (medical plan) at the time of payout

HELPFUL WEIGHT LOSS RESOURCES

- Consult a LiveWELL Health Coach 855.438.0013
- Complete a LiveWELL webinar
- Track food and activity with MyFitnessPal or Lose It! apps
- Get a Medical Nutrition Therapy referral for dietitian consultation
- Participate in Weight Watchers® or other weight management program
- See more resources on the LiveWELL website

Terms and Conditions: We are committed to helping you achieve your best health. Rewards for participating in LiveWELL are available to all teammates participating in our health plan. If you think you might be unable to receive a reward, you might qualify for an opportunity to earn the same reward by different means. Teammates who cannot participate due to religious or other reasons should call us at 704.355.8136 and we will work with you (and if you wish, your provider) to find a wellness program with the same reward that is right for you. Pregnant, breastfeeding or underweight teammates and teammates who cannot participate due to religious or other reasons should call us for an alternate reward option.

This program is designed for your benefit and is based on the honor system, so you must honestly and accurately report all activities about your wellness achievements. These declarations may be verified on a random basis. If any claim is found to be untrue, there will be consequences, including the immediate cancellation of your LiveWELL Incentive reward.

To learn more about the LiveWELL Wellness Programs and Protections from Disclosure of Medical Information, please visit <u>https://doi.org/liveWELL</u>



HWR - Revised 12/15/2018



