



## Human Resources 2024 Wellness Rewards Program Enrollment/Change Form

**Employer Name: City of San José**

Employee ID: \_\_\_\_\_

|             |        |               |  |
|-------------|--------|---------------|--|
| Last Name:  |        | First Name:   |  |
| Address:    |        | City:         | State:      Zip:   |
| Department: | Union: | Date of Hire: | <input type="checkbox"/> Full Time Benefited<br><input type="checkbox"/> Part Time Benefited |

Thank you for being committed to achieving a healthier lifestyle. For this effort, the City of San José offers up to \$50.00 in Wellness rewards for the 2024 calendar year to full-time and part-time benefited employees enrolled in a CSJ sponsored medical plan. **Participation in the Wellness Rewards Program is voluntary.** The City reserves the right to modify or revoke the Wellness Rewards Program, in whole or in part, at any time.

| Type (pick one)                          | Wellness Rewards Program Requirements  | Reward  |
|--|--|---------|
| Basic<br><br><input type="checkbox"/>    | - Choose Primary Care Physician (PCP) & Dentist<br>- Get your annual preventative/physical exam<br>- Get your annual dental and vision checkups<br>- Complete your annual Biometrics (cholesterol, height, weight, Body Mass Index (BMI), blood pressure, and glucose)   | \$35.00 |
| Enhanced<br><br><input type="checkbox"/> | - Choose Primary Care Physician (PCP) & Dentist<br>- Get your annual preventative/physical exam<br>- Get your annual dental and vision checkups<br>- Complete your annual Biometrics (cholesterol, height, weight, Body Mass Index (BMI), blood pressure, and glucose)<br>- Use an alternative transportation method other than driving alone at least once to get to work before 10/31/24, or work remotely from home | \$50.00 |

I would like to change my election from **Basic** to **Enhanced**:

I would like to change my election from **Enhanced** to **Basic**:

I would like to cancel my participation in this Program:

- Last day to enroll in the 2024 Wellness Rewards Program will be September 30, 2024.
- All Wellness Rewards Program Requirements must be completed by October 31, 2024.
- Reward payment will be paid out on Pay Period 25, December 13, 2024 and is subject to tax withholding.
- Employees enrolled in health-in-lieu are not eligible to participate; unless, you are covered as a dependent of another CSJ employee.
- If you elect "waived" for the medical or dental plans, you are not eligible.
- Retired employees are not eligible to participate.

**Agreement:**

**I understand and agree that participation in the Wellness Rewards Program is voluntary and that I will complete the selected Wellness Rewards Program Requirements by October 31, 2024. If I do not complete the selected Wellness Rewards Program Requirements by October 31, 2024, I will cancel my participation in this Program.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this Enrollment/Change Form to:** Human Resources, 200 East Santa Clara St., 4<sup>th</sup> Floor Tower, San José, CA 95113-1905

Email: [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov)