



## Human Resources 2020 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 <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 2020 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  <input type="checkbox"/>	<ul style="list-style-type: none"> <li>- Choose Primary Care Physician (PCP) &amp; Dentist</li> <li>- Get your annual preventative/physical exam</li> <li>- Get your annual dental and vision checkups</li> <li>- Complete your annual Biometrics (cholesterol, height, weight, Body Mass Index (BMI), blood pressure, and glucose)</li> </ul>	\$35.00
Enhanced  <input type="checkbox"/>	<ul style="list-style-type: none"> <li>- Choose Primary Care Physician (PCP) &amp; Dentist</li> <li>- Get your annual preventative/physical exam</li> <li>- Get your annual dental and vision checkups</li> <li>- Complete your annual Biometrics (cholesterol, height, weight, Body Mass Index (BMI), blood pressure, and glucose)</li> <li>- Use an alternative transportation method other than driving alone at least once to get to work before 10/31/20</li> </ul>	\$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:

- All Wellness Rewards Program Requirements must be completed by October 31, 2020.
- Last day to enroll in the 2020 Wellness Rewards Program will be September 30, 2020.
- Reward payment will be paid out on Pay Period 25, December 4, 2020 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 and 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, 2020. If I do not complete the selected Wellness Rewards Program Requirements by October 31, 2020, 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

Fax: (408) 999-0862      Email: [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov)