

Big Spring School District Wellness Verification Form: 2019-20

For 2019-2020, activities are grouped into two categories:
1) Screening and Preventive Services; 2) Lifestyle Activities.

The minimum qualification requirement for the wellness program discount is 100 points. Participants can earn 100 points (or more) split between the two categories, with a minimum of 60 points in the Screenings and Preventive category and a minimum of 40 points in the Lifestyle Activities category.

If you earn a minimum of 200 points, you are also entered into a drawing for a tablet in addition to your premium discounts.

Information about providing verification for your activities is found on page 2. The 2019-2020 BSSD Wellness Program includes activities from May 16, 2019 through **May 15, 2020**

Please use the Wellness Verification form to record information about your activities during the year. You will need to provide verification where noted within the form.



Screening/Preventive Services (need 60 pts)	Points	Verification Needed?	Date	Verification Signature	Total Points
Annual Physical Exam	40	Yes			
CBC Online Health Risk Assessment	20	No		Not Required	
Flexible Sigmoidoscopy	20	Yes			
Colonoscopy	20	Yes			
Fecal Occult Blood Test	20	Yes			
Pelvic Exam/Pap Smear (Female)	20	Yes			
Mammogram (Female)	20	Yes			
Prostate Exam (Male)	20	Yes			
TOTAL POINTS – Screening/Preventive					

Health Levels	Points	Verification Needed?	Date	Verification Signature	Total Points
Blood Pressure: Under 140/90, or starting physician monitored regimen for reduction	20	Yes			
Glucose: Under 110, or starting a physician monitored regimen	20	Yes			
Cholesterol: LDL under 130 and HDL above 50, or starting a physician monitored regimen	20	Yes			
Body Mass Index falls in CDC healthy weight range	20	Yes			
Non-tobacco user or participation in a tobacco cessation program (verification needed)	20	Yes (TCP Only)			
TOTAL POINTS –Health Levels					

Exams	Points	Verification Needed?	Date	Verification Signature	Total Points
Chiropractic Visit	10	Yes			
Routine Dental Exam	10	Yes			
Routine Vision Exam	5	Yes			
TOTAL POINTS – Exams					

Immunizations	Points	Verification Needed?	Date	Verification Signature	Total Points
Flu Shot, HPV, MMR, Zoster, DPT, Hepatitis, Pneumococcal, Chickenpox; max 3	10 each	Yes			
TOTAL POINTS – Immunizations					

Once you have completed your Wellness Verification form, you'll log your points in SurveyMonkey, AND mail your verification materials to USI Insurance Services (address below).

When tracking points, you may have your provider furnish signed verification; or, submit supporting documents, ex., an Explanation of Benefits form (EOB) from the carrier, a provider invoice or receipt for medical services.

A nurse or receptionist at your medical office may sign the form.

Please contact Phyllis Martin with questions @ 717 776 2405 or pmartin@bigspring.k12.pa.us

Lifestyle Activities (need 40 pts)	Points	Verification Needed?	Date	Verification Signature	Total Points
Self-directed Exercise Program (ex. self-monitored exercise on a routine basis)	20	No			
Gym Membership or Structured Exercise Program (ex. scheduled exercise class/ activity)	20	Yes			
Support Group or Structured Program (ex. Weight Watchers, AA, etc.)	20	Yes			
Employer or Community Wellness Event (ex. lunch and learn, health fair; max 2)	15 each	Yes			
Community or Charity Event (ex. walk, volunteering, church group, PTO; max 2)	15 each	Yes			
Environmental Activities (ex. environmental education, recycling program; max 1)	5	No			
Home Safety (ex. carbon monoxide, radon, smoke detectors, fire extinguisher, etc., max 3)	5 each	No			
Currently possess a safety certificate (ex. CPR, first aid, water safety, Safe Crisis Management training; Max of 1 certificate)	10	Yes			
TOTAL POINTS – Lifestyle Activities					

Note: This form includes activities thru 15 May 2020 and must be **postmarked by Monday 18 May 2020**. Send to **USI Insurance Services, 1215 Manor Drive, Suite 200, Mechanicsburg, PA 17055**. Add note on outside “**Confidential BSSD Wellness Verification**”

PLEASE REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Don't forget, you must also complete the online duplicate at:

2019-2020 Online survey link: https://www.surveymonkey.com/r/BSSD_Wellness_2019-2020



PARTICIPANT NAME: _____