

Subscriber Information (please print clearly or type)

Subscriber Name			New Hire this year? Yes or No If yes, DOH:
Mailing Address			
City, State Zip			
Telephone			Subscriber's HP ID#

Participant Information (please print clearly or type)

Must be a member of NHIT and 18 years of age or older to be eligible to participate

Participant Name	
Telephone	

Quarterly Incentives

Please indicate the quarter for which you are submitting for by placing a checkmark in the box next to the appropriate activities.

To be eligible: All activities within the quarter must be completed to earn the wellness incentive indicated. Requests must be submitted within 30 days of the end of the quarter (i.e. Quarter 1 ends September 30th, participants have until October 30th to submit for the incentive for that quarter).

Proof of completion for each activity must be provided along with this form

Quarter 1 July – September	✓ Select Quarter	Activity	Proof of Completion
\$25	<input type="checkbox"/>	Healthy Eating Education Session	Sign-in on the NHIT attendance sheet at sponsored event and submit this completed request form.

Quarter 2 October - December	✓ Select Quarter	Activity	Proof of Completion
\$25	<input type="checkbox"/>	Vendor Fair	Sign-in on NHIT's attendance sheet and submit vendor signature sheet at event

Quarter 3 January – March	✓ Select Quarter	Activity	Proof of Completion
\$75	<input type="checkbox"/>	4-Week Stress Management Challenge	Submit weekly tracking materials (provided by NHIT) to the designated Site Advocate
		Stress Management Education Session	Sign-in on the NHIT attendance sheet at sponsored event and submit this completed request form.

Quarter 4 April - June	✓ Select Quarter	Activity	Proof of Completion
\$25	<input type="checkbox"/>	Employee Assistance Program (EAP) Online Course	Submit a copy of the certificate you earn after completing the EAP online course.

Additional incentive opportunities **continued on second page** →

Ongoing Activity Incentives

Please indicate the activities for which you are submitting for by placing a check mark next to the activities you have completed. Proof of completion for the activities must be provided along with this form.

Ongoing Activity	✓ Select Activity	Activity	Proof of Completion
\$75	<input type="checkbox"/>	PCP Annual Physical with Age Appropriate Screenings	Obtain your Primary Care Physician's (PCP) signature affirming your Annual Physical. Form: NHIT's Annual Physical Waiver.
\$25	<input type="checkbox"/>	Health Questionnaire (HQ)	Submit a copy of the "Congratulations" page that is displayed after completing the HQ on the Harvard Pilgrim webpage.
\$25	<input type="checkbox"/>	Pool-Wide Challenge (Offered Twice Annually)	Participation in a NHIT Pool-Wide Wellness Challenge offered to all NHIT members to earn the incentive. Proof of completion will be based on the challenge that is being offered.
\$25	<input type="checkbox"/>	Biometric Screenings or Flu Shot Vaccination	For current plan year, obtain one of the two services by a healthcare professional and submit proof of completion.

Long-Term Engagement Incentives

At the end of each plan year, long-term engagement incentives are available to all eligible participants. **Please indicate that you are submitting for the long-term incentive by placing a check mark in the box below.** Be sure to include the most up to date mailing address on the front of the form. Long-term incentives will be paid at the end of the plan year and may be submitted along with Quarter 4 and/or Ongoing Activity requests.

Activity	At the End of Plan Year	
Long-Term Engagement	<input type="checkbox"/>	<ul style="list-style-type: none">- If participant completes all 4 quarters they will receive an extra \$100- If participant completes 3 out of the 4 quarters they will receive an extra \$75- If participant completes 2 out of the 4 quarters they will receive an extra \$50

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to eligible NHIT-covered employees, their dependents 18 years and older, and early retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at the information below and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

By signing below, I attest that I am at least 18 years of age, am a member enrolled in the NHIT health program, have personally completed all activities within the quarter I am submitting for and have attached the necessary proof of completion required for each activity.

Signature_____ Date_____

Please e-mail a copy of this form along with any necessary documents to:

wellness@nhitrust.org

Phone: 603-223-6448

OR

New Hampshire Interlocal Trust

ATTN: Wellness Reimbursements

PO Box 4090

Concord, NH 03302-4090

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING