

Wellness Day Form

NORTHERN INDIANA PUBLIC SERVICE COMPANY

NIPSCO UNION “WELLNESS DAY” AUTHORIZATION FORM

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____

Employee ID: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY ATTENDING PHYSICIAN OR PROVIDER:

Date of **Wellness Exam/Preventive Screening***: _____

Physician or Provider Name: _____

Physician or Provider Address: _____

Telephone Number: _____

Authorized Signature: _____

**Attending Physician or Provider:* “Wellness Day” shall cover preventive medical visits, tests and procedures only.

Employee:

- NIPSCO Union employees are eligible for one wellness day per calendar year. The wellness day will be equal to one of your regularly scheduled days. The day cannot be used in increments and must be used as a single day.
- Wellness Day must be scheduled in advance with supervisor. You must return this form to supervisor immediately upon returning to work.
- Time off that does not meet these eligibility requirements will result in the day off being an unpaid PB day (personal business day).
- Applicable WorkBrain time code that you must enter: **Wellness-BU**
- Time off does not guarantee that your claim will be covered at 100%. If you are NOT enrolled in a NiSource medical plan, you are able to utilize this wellness day but will NOT receive any coverage for any services.

If you are enrolled in the NIPSCO PPO or HDPPPO plan, all in network preventive medical screenings are covered at 100%. Please contact Anthem at 1-800-228-2891 if you have any questions related to coverage for specific services.

Supervisor:

- Supervisor should retain this form in employee file for remaining calendar year.
- Supervisor should confirm that the wellness time entered into WorkBrain reflects a normally scheduled standard day and employee meets the eligibility requirements as noted above.