



*Labor-Management Healthcare Fund is the administrator of health, prescription, and dental coverage. It is our goal to help ensure your overall satisfaction with our program, plans of benefits offered, performance of insurance carriers, as well as all customer service conduct.*

## ***LMHF WELLNESS INCENTIVE PROGRAM***

Beginning January 1 of each year, active employees, along with their spouses who are LMHF members, are eligible to participate in Part I and Part II of the LMHF Wellness Incentive Program. The program runs from January 1 through December 31, at which time, the benefit re-sets and begins tracking the next year's activities.

### **THE FOLLOWING DESCRIBES PART II:**

To qualify, employee and/or spouse must complete the BlueCross BlueShield on-line Health Assessment and each participate in twelve (12) additional wellness-related activities (listed on the reverse side of this document). Upon completion and LMHF verified, participant will receive an additional \$50.00 credit added to their HRA debit card.

### **Employee Responsibility for Part II**

- 1.) Complete the BlueCross BlueShield WNY on-line Health Assessment.
- 2.) Participate in additional twelve (12) approved wellness activities (listed on reverse side).
- 3.) Complete the Wellness Activity Redemption form.
- 4.) Physician must sign the Preventative Screening Verification form(s) (if applicable)  
**NOTE:** If including screening verifications, the applicant must receive preventative screenings the same year in which application is made for Part II. Applicant must also be an active LMHF member at the time of his/her screenings. **A SEPARATE FORM (SIGNED & DATED BY YOUR PHYSICIAN) IS REQUIRED FOR EACH SCREENING**
- 5.) Submit the Wellness Activity Redemption Form and Preventative Screening Verification form(s), vaccination certification (if applicable) to the LMHF office either in person or via U.S. Postal Service. **Faxes Not Accepted**  
If Part II is fulfilled prior to Part I, your documentation will be accepted and kept on file at LMHF. You will not be rewarded \$50 for Part II until LMHF receives documentation confirming completion of Part I.

All documents must be submitted no later than **February 15** for the prior year's participation and **must contain original signatures!** **Copies/faxes are not accepted.**

***YOUR PARTICIPATION IN OUR WELLNESS INCENTIVE PROGRAM IS GREATLY APPRECIATED!***

**See reverse side for eligible wellness activities**

## Wellness Activities Eligible for Part II

### Each Item Counts as One Activity

### LMHF Sponsored Events ONLY

<u>Qualifying Event/Activity</u>	<u>Additional Information</u>	<u>Documentation Required</u>
Employer/LMHF Sponsored Exercise Classes	Offered at Employer Sites	Sign-In Sheets Required
Flu Vaccination	One Per Year	Must submit Vaccine Certificate with Your Wellness Activity Redemption Form
Worksite Wellness Campaign	i.e. Lose to Win	Sign-In Sheets Required
Annual Screenings	Listed on Preventative Screening Verification Each Screening = 1 Activity	A separate form (signed & dated by your physician) is required for <b>each</b> screening This form available in Wellness Packet, on LMHF Website or call LMHF office
LMHF Annual Walk-a-Thon	Chestnut Ridge	Sign-In and Completed Walk Required
LMHF Healthy Cooking Classes	Held Monthly Each Class = 1 Activity	At LMHF Office 5:30 p.m.
BCBS Health Assessment & Online Wellness Workshops	BCBS Website	LMHF Will Confirm Completion with BCBS
LMHF Wellness Seminars	At Employer Site or LMHF Office	Sign-In Sheets Required
Beaver Hollow Retreats		Completion of Retreat Verified by LMHF

Although it is commendable that folks are either a member of a fitness center and/or work out in a facility, they are not considered LMHF wellness sponsored events. Even by signing in, there is no way to verify your participation once you are at the gym. Therefore, those activities cannot be applied to your personal credits toward the LMHF incentive program.  
Thank you.