

# General Parts 2012 Wellness Program

Complete the program requirements in 2012 to Earn **\$240** in 2013

## Program Requirements:

- 1.) Health Assessment
- 2.) Preventive Health Screening

Please submit the Healthcare Provider Verification Form to HR by Oct 31<sup>st</sup>, 2012

**MEDICA MEMBERS: \$20 a month towards your medical premium in 2013** *(for eligible full time employees)*

- If you are a Medica member you **must** take the health assessment through Medica. Please follow the instructions below
- Log on to <https://www.mymedica.com>
- Register if you haven't already
- Once you are registered, click on the **Health and Wellness** tab to locate the health assessment.
- Complete the Health Assessment **by October 31, 2012**

General Parts **does not need or want** any specific results or medical information. They will only know that you completed the program requirements.

**NON-MEDICA MEMBERS: \$240 in cash (taxable) paid in January of 2013** *(for eligible full time employees)*

- If you **do not** have Medica as your health care provider, please use the following link to take the American Cancer Society's health assessment.
- [http://www.cancer.org/gahc/nonflash\\_gahc/index.asp](http://www.cancer.org/gahc/nonflash_gahc/index.asp)
- **To receive credit:**
- Please print out the completion /congratulation page (Step 5: The Results) for documentation for the Wellness program or make a copy of the front page of the Action Plan.
- Press print when you see "congratulations" and before you click on "Your Action Plan". Once you receive the print out, please write your name on the page.
- You can also make a copy of the first page of your Action Plan to show that you completed the health assessment. Please black out any personal health information and write your name on the page.
- General Parts **does not need or want** any specific results or medical information. They only need to know that you completed the health assessment.
- Complete the Health Assessment **by October 31, 2012**.



## General Parts 2012 Health Care Provider Verification Form

General Parts recognizes the importance of choosing a healthy life style and has implemented a wellness program designed to encourage employees to make positive health choices. A component of the program encourages employees to complete age appropriate physical exams and screenings.

**Preventative Screening/Age Appropriate Health Screening**

*The wellness program recognizes that various age groups require physical exams and screenings at different intervals. Therefore, this form verifies that the employee listed below is current for 2012, for all age appropriate physical exams and screenings and does not imply the physical exams or screenings were necessarily conducted during 2012.*

**Employee Name:** \_\_\_\_\_

Please complete the signature session to verify that the employee listed above is current for their 2012 age appropriate physical exam and screenings.

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Type of Screening: Physical Exam

Clinic: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_