Monthly Wellness Participation Checklist:

Complete this page and return it along with all documentation to health@fsd145.org to be sure you receive credit in the proper categories for the month. You may not use one activity in multiple areas. Example: one 30 minute class at the gym cannot count as 30 minute workout points + class points + gym attendance for that one particular activity. Points for the current month are due by the end of the following month.

Name:	
Month/Year:	
Categories and documentation required* (check each category you are submitted)	ting for this month):
□ Wellness Seminar Attendance (webinar)	50 points (per seminar)
□ Gym Workouts – 8 times per month	50 points (per month)
*Use of home equipment may count towards your points. Include a pho	to of your home equipment,
the date, time used and type of activity. (Minimum 30 minute workout)	
☐ Group Fitness Class — 3 times per month	50 points (per month)
*Verified by monthly class attendance printout or calendar initialed by class in	
Include the title of the class along with the date, time and type of activity.	·
(Minimum of 30 minutes in length per class.)	
□ 10,000 or More Steps per Day OR 30 Minutes of Moderate Exercise	50 points (per month)
*Verified by app printout, screenshot of your activity or signed calendar showi	ng the dates of your activity.
(Eight times per month required to earn points.)	
□ Annual Wellness Exam/Physical	50 points (year)
*Verification form must be signed and submitted or EOB provided.	
Appointments dated $6/1/24 - 5/31/25$ will count for this year's program.	
□ Annual Dental Exam	50 points (year)
*Verification form must be signed and submitted or EOB provided.	
Appointments dated $6/1/24 - 5/31/25$ will count for this year's program.	
□ Annual Vision Exam	50 points (year)
*Verification form must be signed and submitted or EOB provided.	
Appointments dated $6/1/24 - 5/31/25$ will count for this year's program.	
□ Biometric Screening Participation	150 points (year)
Watch your email for the dates/locations!	
*Attendance will be taken and points awarded.	
□ Monthly Challenge	100 points (per month)
* Monthly Challenge must be completed according to challenge criteria.	
□ BCBSIL – Health Assessment	50 points (per year)
*Complete the Well onTarget Health Assessment found on your	
bcbsil.com personal portal. Submit verification.	
□ BCBSIL – Completed Educational Program or Challenge	50 points (per month)
*Complete a Well onTarget Challenge or Program found on your bcbsil.com pe	ersonal portal. Submit verification.
One per month allowed for points.	
□ BCBSIL – Register for MDLive	50 points (per year)
*Register for MDLive or show proof that you are already registered.	400/50 mainta (a a a a a)
Full or Half Marathon **Submit your race information and confirmed completion time.** **The property of the completion of the completion time.** **The property of the completion of the completion time.** **The property of the completion of the completion time.** **The property of the completion of the compl	100/50 points (per year)
*Submit your race information and confirmed completion time.	

Wellness Program details may be found by going to our website: **fsd145.org/wellness** Accommodations may be arranged as required for special needs. Contact Michelle Keister.