



2026 Active Employee Wellness Incentive Form

Incentive Payment:

- Employees will receive \$200; Employee Spouses will receive \$100.
 - Please note – If your spouse is a City of Racine employee on your insurance, they would receive \$100 for their incentive.
- The incentive is paid via direct deposit.
- Employees and spouses covered by the City health insurance plan are eligible.

Form Deadline:

- Submit requirements by **April 17th, 2026** and receive incentive: **May 1st, 2026**
- Submit requirements by **May 29th, 2026** and receive incentive: **June 12th, 2026**
- Submit requirements by **June 26th, 2026** and receive incentive: **July 10th, 2026**
- Submit requirements by **September 4th, 2026** and receive incentive: **September 18th, 2026**
- Submit requirements by **October 2nd, 2026** and receive incentive: **October 16th, 2026**
- Submit requirements by **November 6th, 2026** and receive incentive: **November 27th, 2026**

Directions:

- Employees and Employee Spouses must complete enough tasks to have at least 175 points.
- Some task will require documentation to be submitted. **Please look for the (*) by the task**
- If documentation is required but not submitted, the individual will not receive credit for that task.



- [WellRight Platform](#) – If you (or your spouse) complete the wellness incentive through the platform, you do not need to complete the paper form. The Human Resources department will receive a report with everyone that completes the points through the portal. Scan QR code to access platform.



Important forms:

- [Biometric Screening Result](#) – Completed by your Provider & faxed to number on form
- [Volunteer Verification Form](#)
- [Financial Wellness Consultation Form](#)

As a reminder!

- **Health Savings Account (H.S.A.)** - You can place your incentive money in your H.S.A. to get the tax-free benefit. You must complete the H.S.A Election form located in HR at time of submission.
- **457(b) Deferred Compensation** – You can have your incentive money placed in your Deferred Compensation account. Please notify HR by email if this is something you are interested in.

**Complete the section above your signature on the third page if you would like to utilize one of these options.*



2026 Active Employee City Wellness Incentive Form

Incentive Requirement:

- Complete desired tasks below to earn points
- Must have 175 points to earn wellness incentive

		<u>Check Your Status:</u>
<i>Print Your Name</i>	<i>Employee #</i>	Employee <input type="checkbox"/>
		Employee Spouse <input type="checkbox"/>
<i>Department Name</i>	<i>Date of Birth</i>	

175 points needed to earn the 2026 Wellness Incentive. Please sign and date below.

Task	Points	Completed (put an "X")
Preventative		
Consultation with a Licensed Health Professional <hr style="width: 30%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between;"> Provider Signature Date of Visit </div>	100	
*In lieu of the Provider's signature and date, an <i>After Appointment Summary</i> can be submitted.		
Preventative Health Screens/Chronic Disease Management done at any Health Center: <ul style="list-style-type: none"> • Blood Pressure monitoring – 3 check-ins required • Cholesterol monitoring – 3 check-ins required • Bone Density Screening • Preventative cancer screening 	50 50 50 50	<i>Provider must Sign & Date</i>
*Provider must sign and date by the item completed. If item requires more than one check, please state each date the item was completed on. In lieu of signature and date, an <i>After Appointment Summary</i> can be submitted.		
Complete biometric screening through primary care provider or onsite biometric screening event. Blood pressure, height, weight, body fat %, BMI, tobacco attestation and a fasting blood draw (lipid panel and blood glucose)	50	
*Form for your provider to complete is linked on page 1 under the <i>Important Forms</i> section.		
Meet with the Health Coach from the Racine Employee Health & Wellness Center to review your results for additional points!	30	
Smoking cessation program (completion of entire program) Name of Program: _____ Date Completed: _____	70	
*Must submit program completion documentation		
Dental Exams: Name of Dentist: _____ Date of Visit 1: _____ Name of Dentist: _____ Date of Visit 2: _____	15 points per visit; maximum of 30 points	

Receive an Immunization	15 points per vaccine; maximum of 30 points	
Vision Exam: Name of Vision Office: _____ Date of Visit: _____	15	
The Five Pillars of Wellness (Social, Mental, Financial, Physical, & Community)		
Give Back; Volunteer at an Event (Minimum 1 hour of volunteer time) <i>*Submit City of Racine Verification Form</i>	50	
Make a Blood Donation Location: _____ Date: _____	50	
Attend one of the following Financial Wellness sessions and receive 10 points: -Financial Wellness Lunch and Learn – <i>Name must be stated on the sign-in sheet</i> -Financial Wellness consultation* through the Racine Financial Empowerment Center (500 Wisconsin Ave Suite 205 Racine, WI 53403) <i>* Must submit City of Racine Financial Wellness Consultation Form or appointment confirmation</i>	10	
Attend the City’s Be Well Boost held twice per year or any Weight Management program. Program attended: _____ Date of session(s): _____ <i>*Must provide a copy of your registration</i>	10 points per session; maximum of 40 points	
Attend a Health Coaching appointment with the Health Coach from the Racine Employee Health & Wellness Center. Date of session(s) attended: _____ <i>*Excludes session where Biometric Screening Results are discussed (included in task above)</i>	10 points per session; maximum of 50 points	
Participate in an organized athletic event (walk, run, triathlon, etc) <i>*Must provide a copy of your registration</i>	10 points per event; maximum of 50 points	
Watch online webinar, here: (maximum of 2 videos) http://cityofracine.org/health/wellness Video 1: _____ Video 2: _____	5 points per video; maximum of 10 points	

I would like my wellness incentive to be placed in the following account (no separate form is needed):

I would like to make a one-time contribution in **one** of the following payroll deductions:

Bank Account on file

Health Savings Account (H.S.A.)

Deferred Compensation (Check which account): Nationwide RPA/The Standard WI Deferred Compensation

**I understand that after this one-time change to my contribution is made my contribution amount will revert back to my prior recurring election amount.*

<p>_____ Signature of Participant Submitting for Reimbursement</p>	<p>_____ Date of Submission</p>
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Submit this completed form, **NO LATER THAN November 6th, 2026** to
City Hall, Human Resources, Room 204 or email it to human.resources@cityofracine.org
Late forms will NOT be accepted for reimbursement