



## 2026 Retiree Employee Wellness Incentive Form

### **Incentive Payment:**

- Retirees will receive \$200; Retiree Spouses will receive \$100.
- The incentive is paid via direct deposit.
- Retirees and spouses covered by the City health insurance plan are eligible.

### **Form Deadline:**

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

### **Directions:**

- Retirees and Retiree 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.

### **Important forms:**

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



# 2026 Active Retiree City Wellness Incentive Form

**Incentive Requirement:**

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

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

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

Task	Points	Completed (put an "X")
<b>Preventative</b>		
Consultation with a Licensed Health Professional  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Provider Signature</span> <span>Date of Visit</span> </div>	100	
<i>*In lieu of the Provider's signature and date, an <b>After Appointment Summary</b> can be submitted.</i>		
Preventative Health Screens/Chronic Disease Management done at any Health Center: <ul style="list-style-type: none"> <li>• Blood Pressure monitoring – 3 check-ins required</li> <li>• Cholesterol monitoring – 3 check-ins required</li> <li>• Bone Density Screening</li> <li>• Preventative cancer screening</li> </ul>	50 50 50 50	<i>Provider must Sign &amp; Date</i>
<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 <b>After Appointment Summary</b> can be submitted.</i>		
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	
<i>*Form for your provider to complete is linked on page 1 under the <b>Important Forms</b> section.</i>		
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	
<i>*Must submit program completion documentation</i>		
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	
<b>The Five Pillars of Wellness (Social, Mental, Financial, Physical, &amp; Community)</b>		
Give Back; Volunteer at an Event (Minimum 1 hour of volunteer time) <i>*Submit City of Racine <a href="#">Verification Form</a></i>	50	
Make a Blood Donation Location: _____ Date: _____	50	
200,000 steps <u>or</u> 600 minutes of activity in a calendar month <i>*Must submit proof through tracking device or app; submit monthly total and not individual days/weeks totals</i>	30	
Attend a Financial Wellness consultation through the Racine Financial Empowerment Center Website: <a href="https://racinefec.org">https://racinefec.org</a> Location: 500 Wisconsin Ave Suite 205 Racine, WI 53403 <i>* Must submit City of Racine <a href="#">Financial Wellness Consultation Form</a></i>	10	
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) <a href="http://cityofracine.org/health/wellness">http://cityofracine.org/health/wellness</a> Video 1: _____ Video 2: _____	5 points per video; maximum of 10 points	
Water Intake – drink at least 64 ounces of water 4 out of 7 days each week for one (1) month	5	

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