

# 2020 Calendar Year Wellness Incentive Request

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you use tobacco products? \_\_\_\_\_



## Dimensions of Wellness

Emotional—Environmental—Financial—Intellectual—Occupational—Physical— Social— Spiritual

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*Please have your provider's office indicate the value for each dimension and the date of service below.*

Date of measurement: \_\_\_\_\_

Date of labs: \_\_\_\_\_

Weight \_\_\_\_\_

Fasting or Non Fasting \_\_\_\_\_

Height \_\_\_\_\_

Total Cholesterol \_\_\_\_\_

Blood Pressure \_\_\_\_\_/\_\_\_\_\_

HDL Cholesterol \_\_\_\_\_

Waist (inches) \_\_\_\_\_

TC/HDL Ratio \_\_\_\_\_

Pulse \_\_\_\_\_

Glucose \_\_\_\_\_

*Tear off and bring to Human Resources to receive your benefit incentive*

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Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date of Annual Preventive Physical \_\_\_\_\_

**HIPAA Compliant**

# KCC Benefit Eligible Employee Wellness Incentive Requirements Calendar Year 2020



**In order to receive your calendar year wellness incentive of \$100.00 you must:**

**RETURNING** *wellness participant options:*

1. Login to [www.holtynwellness.com](http://www.holtynwellness.com), schedule and complete an appointment with your Holtyn coach. **OR**
2. Schedule and complete an annual wellness appointment with your Primary Care Provider, complete the biometric portion of page 1 with your provider and submit it to Holtyn for processing

**NEW** *wellness participants follow the directions below:*

1. Register online at [www.holtynwellness.com](http://www.holtynwellness.com)
  - a. Click: Login
  - b. Click: Enroll Yourself
    - i. Your one time company code: 1100
    - ii. Enter your information to create an account
2. Complete the online Health Survey at [www.holtynwellness.com](http://www.holtynwellness.com)
3. Complete a biometric assessment and coaching session with ONE of the following:
  - a. Holtyn & Associates 269-720-7582 or [bargue@holtynwellness.com](mailto:bargue@holtynwellness.com) **OR**
  - b. Primary Care Provider

**OR**

**In order to receive your calendar year wellness incentive of \$50.00 you must:**

1. See your Primary Care Provider for your annual preventive physical and complete the bottom of page 1 to turn into Human Resources for processing.

**For additional information or assistance in registering, please contact any one of the following:**

- Becky Argue / Holtyn & Associates Wellness Coach / 269-720-758 / [bargue@holtynwellness.com](mailto:bargue@holtynwellness.com)
- Mary Werme / Holtyn & Associates Wellness Manager / 269-377-0198 / [mwerme@holtynwellness.com](mailto:mwerme@holtynwellness.com)