

# My Wellness Plan for 2014

As a participant in the *Sebastian County Group Benefit Plan*, you have an opportunity to reduce your annual deductible in 2014 by participating in a variety of wellness activities. One of these activities is weekly exercise.

Beginning January 1, 2014, if you exercise at least 3 days per week for 12 consecutive weeks, you will receive a \$25 discount on your medical plan deductible. You must complete the log sheet on the back of this page and submit it by June 1, 2014.

## WHAT DO I DO?

- **CHOOSE** your start date, you can start any time after January 2014
- **EXERCISE** 3 times per week for 30 minutes a time, for 12 consecutive weeks
- **LOG** your time and activity on the **"My Exercise Log Sheet"** located on the back of this page
- **FINISH** your 12 consecutive weeks of exercise **BEFORE** June 1<sup>st</sup>, 2014
- **CHECK** your log to ensure the dates and times are legible and make sure your **NAME** and **MEMBER ID** are on the form
- **SUBMIT** your exercise log to your Human Resources Department by June 1<sup>st</sup>, 2014

Complete the chart by noting the minutes and type of exercise you performed; see example below:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>WEEK 1</b> MINUTES/ACTIVITY	30/walk		30/run		30/weights		
<b>WEEK 2</b> MINUTES/ACTIVITY							
<b>WEEK 3</b> MINUTES/ACTIVITY		30/weights		30/run		30/skate	
<b>WEEK 4</b> MINUTES/ACTIVITY	30/walk						
<b>WEEK 5</b> MINUTES/ACTIVITY		30/rollerblade		30/jog			30/pilates

This is a voluntary deductible discount program and wellness activity. As with any exercise program, you should consult with your physician before beginning any fitness program.

There are other ways you can receive additional. Deductible discounts. Other wellness activities include, biometric screening, body/mass index calculation, tobacco use testing, and completion of a Health Risk Assessment.



# MY

# EXERCISE LOG

MEMBER NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

END DATE: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1 MINUTES/ACTIVITY							
WEEK 2 MINUTES/ACTIVITY							
WEEK 3 MINUTES/ACTIVITY							
WEEK 4 MINUTES/ACTIVITY							
WEEK 5 MINUTES/ACTIVITY							
WEEK 6 MINUTES/ACTIVITY							
WEEK 7 MINUTES/ACTIVITY							
WEEK 8 MINUTES/ACTIVITY							
WEEK 9 MINUTES/ACTIVITY							
WEEK 10 MINUTES/ACTIVITY							
WEEK 11 MINUTES/ACTIVITY							
WEEK 12 MINUTES/ACTIVITY							

*By signing below I certify that this information is a true and accurate account of my exercise activity*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to your Human Resources Department by June 1<sup>st</sup>, 2014

