

**Subscriber Information (please print clearly or type)**

Subscriber Name			New Hire this year? <b>Yes</b> or <b>No</b> If yes, DOH:
Mailing Address			
City, State Zip			
Telephone		Subscriber's HP ID#	

**Participant Information (please print clearly or type)**

Must be a member of NHIT and 18 years of age or older to be eligible to participate

Participant Name	
Telephone	

**Quarterly Incentives**

Please indicate the quarter for which you are submitting for by placing a checkmark in the box next to the appropriate activities.

**To be eligible** \*Employees must attend the Enrollment Session to participate in the remainder of the program. All activities within the quarter must be completed to earn the indicated incentive. Requests must be submitted within 30 days of the end of the quarter (i.e. Quarter 1 ends March 31<sup>st</sup>, participants have until April 30<sup>th</sup> to submit for the incentive for that quarter).

**Proof of completion for each activity must be provided along with this form**

Eligibility/ Requirement	✓ Select Quarter	Activity	Proof of Completion
\$50	<input type="checkbox"/>	*Education Session (optional for non-employees)	Sign-in on the NHIT attendance sheet at sponsored event and submit this completed request form.

Quarter 2 April - June	✓ Select Quarter	Activity	Proof of Completion
\$50	<input type="checkbox"/>	Education Session	Sign-in on the NHIT attendance sheet at sponsored event
		4-Week Challenge	Submit weekly tracking materials (provided by NHIT) to the designated Site Advocate

Quarter 3 July-September	✓ Select Quarter	Activity	Proof of Completion
\$50	<input type="checkbox"/>	Education Session	Sign in on the NHIT attendance sheet at sponsored event
		4-Week Challenge	Submit weekly tracking materials (provided by NHIT) to the designated Site Advocate

Quarter 4 October-December	✓ Select Quarter	Activity	Proof of Completion
\$50	<input type="checkbox"/>	Vendor Fair with Biometric Screenings	Sign-in on NHIT's attendance sheet <b>and</b> submit vendor signature sheet at event

Additional incentive opportunities **continued on second page** →

## Ongoing Activity Incentives

Please indicate the activity for which you are submitting for by placing a check mark next to the activity that you have completed. Proof of completion for the activity must be provided along with this form.

Ongoing Activity	✓ Select Activity	Activity	Proof of Completion
\$75	<input type="checkbox"/>	PCP Annual Physical with Age Appropriate Screenings (blood pressure, glucose, total cholesterol, etc.)	Obtain your Primary Care Physician's (PCP) signature affirming your Annual Physical with Age Appropriate Screenings. <b>Form: NHIT's Annual Physical Waiver</b>

## Bonus Activity Incentive

Each activity is worth \$25. A maximum of one (1) activity can be completed per year to earn an additional \$25 in wellness incentives. Please indicate the activity for which you are submitting for by placing a check mark next to the activity you completed. Proof of completion for the activity must be provided along with this form.

Bonus Activity	✓ Select Activity	Activity	Proof of Completion
<b>\$25</b> (One activity can be submitted per year; A \$25 maximum)	<input type="checkbox"/>	Wellness Group Member & Attendee (January-December)	Committee members and participants who attend a minimum of 75% of scheduled wellness meetings will be eligible for an incentive. <b>Please sign in on attendance sheet at each meeting.</b>
	<input type="checkbox"/>	Health Questionnaire (HQ)	Submit a copy of the "Congratulations" page that is displayed after completing the HQ on the Harvard Pilgrim webpage.
	<input type="checkbox"/>	Pool-Wide Challenge (Offered Twice Annually)	Participation in a NHIT Pool-Wide Wellness Challenge offered to all NHIT members to earn the incentive. <b>Proof of completion will be based on the challenge that is being offered.</b>

## Long-Term Engagement Incentives

At the end of each plan year, the NHIT automatically distributes long-term engagement incentives to all eligible participants. **Participants are not required to submit a request for this incentive.** Long-term incentives will be paid at the end of the plan year along with any Quarter 4 incentives earned. If no Quarter 4 incentives are earned, the long-term incentive will be processed after the Quarter 4 deadline of July 30<sup>th</sup>.

Activity	At the End of Plan Year
<b>Long-Term Engagement</b>	<ul style="list-style-type: none"> <li>- If participant completes all <b>4 quarters</b> they will receive an extra <b>\$100</b></li> <li>- If participant completes <b>3 out of the 4</b> quarters they will receive an extra <b>\$75</b></li> <li>- If participant completes <b>2 out of the 4</b> quarters they will receive an extra <b>\$50</b></li> </ul>

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to eligible NHIT-covered employees, their dependents 18 years and older, and retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at the information below and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

By signing below, I attest that I am at least 18 years of age, am a member enrolled in the NHIT health program, have personally completed all activities within the quarter I am submitting for and have attached the necessary proof of completion required for each activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please e-mail a copy of this form along with any necessary documents to:

Brittany@nhitrust.org

Phone: 603-223-6448

OR

New Hampshire Interlocal Trust

ATTN: Wellness Reimbursements

PO Box 4090

Concord, NH 03302-4090

PLEASE ALLOW 4-6 WEEKS FOR CHECKS TO BE PROCESSED