



2020 Spouse Wellness Incentive Form

Completion of all four sections is required to participate in the City of Chesapeake's Wellness program. You must be the spouse of a current City employee/retiree and covered under the City's Health Plan to participate.

Section 1: To be completed by City of Chesapeake Employee/Retiree's Spouse

Spouse Name: _____ Phone: _____

Email: _____ Date of Birth: _____ Employee ID: _____

I hereby agree to release and hold harmless the participating organization, their employees and any other persons acting on their behalf from any liability or claim, including any claim of personal injury with respect to this service. I agree, to the best of my knowledge and belief, that all statements and answers to the questions in this form are complete and true. I further acknowledge that falsification of information on this application will be considered fraud and will result in immediate loss of my wellness program incentive. In addition, fraudulent activity will be reported to Human Resources for further review in relation to City of Chesapeake policies.

Spouse's Signature

Date

Section 2: To be completed by Health Professional Completing Annual Physical

An annual physical was completed on _____ (date).

**Please note the physical must be completed in 2020 to be eligible for the 2020 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Health Professional name (printed)

Health Professional's signature

Section 3: To be completed by Optometrist or Ophthalmologist Completing Eye Exam

An annual eye exam was completed on _____ (date).

**Please note the eye exam must be completed in 2020 to be eligible for the 2020 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Optometrist or Ophthalmologist name (printed)

Optometrist or Ophthalmologist's signature

Section 4: To be completed by Dental Hygienist or Dentist Completing Dental Exam

A dental exam was completed on _____ (date).

**Please note the dental exam must be completed in 2020 to be eligible for the 2020 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Dental Hygienist or Dentist name (printed)

Dental Hygienist or Dentist's signature

Fax the completed form to: Human Resources at 757-382-8501 or mail to
City of Chesapeake Human Resources, 306 Cedar Road, Chesapeake, VA 23322

Please note: In order to allow time for processing, all Wellness Incentive Forms need to be turned in by December 20, 2020. Forms turned in after this time will not be accepted.

If you choose to mail your form, please make a copy of it for your records. The City of Chesapeake will follow the Employee/Retiree Privacy Notice and HIPAA policy, Administrative Regulation 2.62 when disseminating information from this form.



- All full-time employees can complete the \$300 Wellness Incentive.
- Spouses who are on the City's Health Plan are eligible to participate.
- You must complete all exams in 2020, to include:
 - One annual physical
 - One eye exam
 - One dental exam
- If you are on the City's health, dental, and/or vision plans, you are allowed:
 - One physical exam every 305 days through the health plan
 - One eye exam every calendar year through the health or vision plan (an eye exam is covered at 100% through the health plan or with a \$15 copay through the vision plan)
 - Two dental exams per year through the dental plan
- Full (Not Partial) Physical exams administered by the Health Department qualify for the Wellness Incentive; however, eye exams must be administered by an Optometrist or Ophthalmologist.
- If you are on the City's HMO, POS, or PPO plan; or CDHP with medical flexible spending account, the funds will be deposited onto a health reimbursement account. If you are not covered by the City's health insurance, funds will be deposited into a medical flexible spending account. Wellness Incentive funds deposited into a HRA or MFSA expire on December 31, 2020 which means you have to incur eligible expenses by December 31, 2020. You are eligible to submit reimbursement claims for out-of-pocket 2020 medical expenses incurred by December 31, 2020 until March 31, 2021.
- If you are on the City's CDHP and HSA, the money will be loaded to your HSA and will not expire.
- The deadline to submit your form is December 20, 2020.