



APPROVAL #

OFFICE USE

Healthy Lifestyle Solutions Incentive Program
2011/12 Application

MEMBER INFORMATION (Active employees with MCSIG medical benefits only)

NAME		BIRTHDATE
E-MAIL ADDRESS:		HOME PHONE ()
HOME ADDRESS	CITY / STATE / ZIP	SCHOOL/OFFICE
EMPLOYER/DISTRICT (please do not abbreviate) You must be an employee.		WORK PHONE ()
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	SOCIAL SECURITY NUMBER (will be used for verification purposes only) — —
JOB CLASSIFICATION: <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Administrative		New for 2011/12: The blood pressure healthy range (130/80 or less) has changed and will be harder to achieve.
DID YOU COMPLETE AN ON-LINE WELLNESS ASSESSMENT? YOU MUST COMPLETE AN ONLINE WELLNESS ASSESSMENT IN 2012 TO BE ELIGIBLE		

HEALTH ACTION TOTAL ESTIMATE

Please check those boxes (actions) that you expect to achieve in the next 12 months (July 1– June 30). The number in parentheses is the value of the health action. For complete descriptions refer to the Health Action List.

<input checked="" type="checkbox"/> WELLNESS ASSESSMENT (1)	<input type="checkbox"/> PROGRAM PARTICIPATION (1-4)
<input type="checkbox"/> ROUTINE PHYSICAL EXAM by MD (1)	<input type="checkbox"/> COMMUNITY HEALTH EVENT: Walk, Run, & Bike (1)
<input type="checkbox"/> PHYSICAL ACTIVITY (210 credits) (1)	<input type="checkbox"/> SELF-DIRECTED LEARNING (1)
<input type="checkbox"/> TOBACCO FREE (1)	<input type="checkbox"/> BLOOD PRESSURE (130/80 or less) (1)
<input type="checkbox"/> HEALTHY WEIGHT (30 BMI or less) (1)	<input type="checkbox"/> CHOLESTEROL RATIO (4.5 or less) (1)
<input type="checkbox"/> ANNUAL FLU VACCINE (1)	<input type="checkbox"/> NON-FASTING BLOOD SUGAR (140 or less) (1)
<input type="checkbox"/> or FASTING BLOOD SUGAR (100 or less)	
ADD UP YOUR ACTIVITIES: <input type="text"/>	TOTAL POSSIBLE ACTIVITIES: 15

What incentive level are you applying for?

BRONZE \$100 = 8 Points **SILVER \$200 = 9 Points** **GOLD \$300 = 10 Points**

HOLD HARMLESS PARAGRAPH: (Must be completed by participant)

I shall indemnify and hold harmless MCSIG, its officers, agents, employees and servants from all claims, suits or actions of every name, kind and description, brought for, or on account of, injuries to myself resulting from my voluntary participation in MCSIG Healthy Lifestyle Solutions Incentive Program. I agree that the off-duty recreational activity in which I have enrolled is not part of my work-related duties, that I have enrolled in this activity voluntarily, and my employer does not expect or require my participation in this activity.

I grant MCSIG and its member districts, the right to use my name and/or picture in any promotion of the program. Yes No

Signature of Employee: _____ Date: _____

IMPORTANT NOTICE: By completing this registration form, you are registered (pending approval) for the MCSIG Healthy Lifestyle Solutions Incentive Program. You are responsible for returning a Verification Form with your personal logs and certifications on or about June 1, 2012. No payments will be processed after June 30, 2012.

FAX THIS FORM TO THE ADDRESS BELOW IN ORDER TO BEGIN THE PROGRAM:

MCSIG 76 Stephanie Drive, Salinas, Ca 93901

www.mcsig.com Fax (831) 755-0172



Healthy Lifestyle \$olutions Incentive Program

Frequently Asked Questions

- 1. When does the program start?** The program starts July 1, 2011 and ends June 30, 2012.
- 2. How does the program work?** Participants can earn money (\$100 - \$300) for completing up to 15 health actions. The more health actions you complete, the more money you earn. Studies have shown that health actions such as getting regular exercise are strongly associated with a long and healthy life. Active employees have 12 months to complete as many health actions as possible. 10 health actions = **\$300**, 9 health actions = **\$200** and 8 health actions = **\$100**.
- 3. Who is eligible?** You must be the primary MCSIG subscriber in the medical plan and an active employee in a MCSIG member school district to be eligible. The program is limited to the first 150 active school employees who apply. Spouses, dependents and retirees are not eligible at this time. MCSIG member district employees who have MCSIG benefits *through their spouse only* are also not eligible.
- 4. How do I apply?** Download a Healthy Lifestyle \$olutions Incentive Program Application and fax (755-0172) to MCSIG. Applications are available at www.mcsig.com. Click on the Wellness tab on top of the page. All of the other forms that you will need are available online.
- 5. Will I be notified if I am approved for the program?** Yes. We will e-mail you a letter of approval after receiving your application. You must receive an approval letter (e-mail) from MCSIG to be eligible for the award. We recommend that you make a copy of your e-mail approval letter and submit it with your Verification Form.
- 6. Will I receive cash?** Yes. We will mail you a check for the full amount after we verify your activities. You should receive the check in approximately 2-3 weeks by mail.
- 7. How do I claim my award?** You must submit (fax 755-0172) the program **Verification Form**. The Verification Form is available at www.mcsig.com. Check the health actions you are claiming and fax or submit the other documents (smoke-free certificate, personal fitness log, etc.) to MCSIG **on or about May 30, 2011**. You can receive your reward at any time and do not have to wait 12 months to receive your award.
- 8. How long do I have to complete my health actions?** You have 12 months (July 1 to June 30) to complete your health actions and submit your Verification Form. *We ask that you submit your Verification Form by June 1 to receive your check by June 30.* **No payments will be processed after June 30, 2011.**
- 9. Can I receive credit for a physical exam by a MD I had before the program began?** Yes, if the physical exam was performed within the last 6 months and you haven't received credit for it previously. Your physical exam must have been performed by a licensed medical doctor.
- 10. Can I reapply again after I have been awarded?** Yes, you are eligible to earn another Healthy Lifestyle \$olutions award next year. You must re-apply each year and receive approval.

MCSIG Healthy Lifestyle Solutions Incentive Program

2011/12 Health Action List

Health Action	Description	Points
Health Assessment	To be eligible for the Healthy Lifestyle Solutions Incentive Program, you must be a member district active employee (not retired) with MCSIG medical benefits and complete an online health risk appraisal and health screenings if offered during the program year (July 1-June 1). Onsite health assessments are offered every other year usually beginning in February.	1
Routine Physical Exam by Doctor	Receive a complete physical exam from your physician according to the following MCSIG Schedule of Visits for your age group: A member who is less than 35 years of age = one physical every 5 years; 35-44 = one physical every 3 years; 45-54 = one physical every 2 years; 55 or more = one physical every year. Credit may be given if the exam was performed within 6 months of the prior program year.	1
Physical Activity	Perform any of the listed activities below for 30 minutes = 1 credit. (210 credits required) . Only physical activity of at least 10 continuous minutes will be counted. Limited to 2 credits (60 minutes) per day. Activities include: walking, running, swimming, rowing, biking, roller blading, dancing, tennis, basketball, jumping rope, weight training, rock climbing, gardening or any activity class (Yoga, Aerobic Dance, Martial Arts, Tai Chi, etc.). You must sign and return the Physical Activity Log sheet to receive credit. Log sheets are available on the Internet www.mcsig.com .	1
Tobacco Free	Submit a "Certificate of Being Tobacco Free" signed by you. Certificates are available on the internet www.mcsig.com OR Smokers who have quit and have been smoke free for one-year need to submit a Smoking Cessation Class Certificate along with the MCSIG Certificate of Being Tobacco Free. Smoking cessation class and nicotine replacement aid (patch and gum) reimbursement is available from MCSIG.	1
Healthy Weight	Body Mass Index (BMI) score of 30 or less at the time of the health assessment. See the attached BMI table. OR Attend Weight Watchers and be reimbursed by MCSIG. MCSIG provides reimbursement for attending Weight Watchers. Application forms available on the Internet www.mcsig.com or from MCSIG 755-0161.	1
Annual Flu Shot or Nasal Spray	Receive a flu shot or nasal-spray flu vaccine from either MCSIG, a community clinic or your doctor. Receipt required if the flu shot/spray is <u>not</u> administered at the MCSIG school clinics. A schedule of MCSIG school clinics will be posted at our website www.mcsig.com in September.	1
MCSIG Wellness Program Participation	Participate in any of the following MCSIG Wellness Program activities and earn one point: <i>Exercise Challenge, Green Planet Wellness, 10,000 Steps-a-Day, etc.</i> or serve as your school's Wellness Ambassador. Program offerings vary from year to year. Participation is subject to verification and members must meet minimum participation standards. You can earn one point per activity up to a maximum of four.	1-4
Community Health Event	Submit a copy of your event registration or your race bib number for any community run, walk, hike, bike ride or triathlon. Your bib must have your name, event name and date. One credit per year.	1
Self-Directed Learning	Attend any approved health education class at SVMH or CHOMP including: Yoga, Stress Management, Meditation, Tai Chi, Asthma Education, Childbirth Preparation, Diabetes, Heart Smart Nutrition, Walk and Win, Back to Health and Breast Feeding. MCSIG pays half of the tuition of the classes listed above, provided attendance requirements are met.	1
Blood Pressure	Blood Pressure of 130/80 mm Hg or less* at the time of the health screening or complete a training course on reducing blood pressure. Contact MCSIG for training course information.	1
Cholesterol Ratio	Total cholesterol to "good" cholesterol (HDL) ratio of 4.5 or less* at the time of the health screening or complete a training course on cholesterol control. Contact MCSIG training course information.	1
Non-fasting Glucose	Non-fasting glucose (blood sugar) of 140 mm/dl or less** at the time of the health screening or complete training course on ways to reduce blood sugar. Contact MCSIG for training course information.	1
TOTAL possible points		15

* American Heart Association ** American Diabetes Association

BRONZE \$100 = 8 points

SILVER \$200 = 9 points

GOLD \$300 = 10 points



Tobacco - Free

CERTIFICATE

Print Name

- I certify that I have not smoked or used tobacco for the last 5 years.
- OR
- I certify that I have quit smoking and have been tobacco-free for the last 12 months.
I have attached a Smoking Cessation Class Certificate.

Quit smoking classes are available at Salinas Valley Memorial Hospital and Community Hospital of Monterey Peninsula. MCSIG members receive a 50% class tuition discount and are also eligible to receive reimbursement for nicotine replacement aids (patch and gum). Applications are available at www.mcsig.com. Contact MCSIG (755-0161) for more information.

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____

Date: _____



Healthy Lifestyle Solutions Incentive Program
Verification Form 2011/12

DATE RECEIVED
Approval #

Name: Phone: Date:

E-mail: School District:

Please complete this verification form and return it (fax 755-0172) with your personal exercise log, tobacco free certificate and any other documents (if applicable) to MCSIG on or about June 1, 2012. You can only claim credit for activities completed during the program year (July 1, 2011 - June 30, 2012).

Check those items on the left that you are claiming credit for this award year.

- You Check Health Action MCSIG Verifies
I completed a REQUIRED online wellness assessment in 2012. *Health screening results (cholesterol, blood pressure, glucose, etc.) are also required and can be from your doctor.
I received a complete physical exam from my physician per the MCSIG Schedule of Visits for my Age Group. Date of exam:
* Credit may be given for a complete physical exam performed 6 months prior to the award year with documentation.
I performed the physical activities for the minutes listed on the Personal Exercise Log. The Log sheet is available online at www.mcsig.com. 210 credits are required for credit.
I have not smoked or used tobacco for the last five years and have attached my signed Tobacco-Free Certificate (www.mcsig.com).
OR
I quit smoking and have not used tobacco for the last 12 months and have attached a Smoking Cessation Class Certificate and MCSIG Tobacco-Free Certificate.
My Body Mass Index (BMI) score was 30 or less at the time of the health assessment.
OR
I attended Weight Watchers and was reimbursed by MCSIG.
I received a flu shot or nasal-spray vaccine at a MCSIG flu shot clinic, pharmacy or from a doctor. Receipt required if vaccine was not given at a MCSIG school clinic. What school clinic did you attend for the vaccination?

I participated in the MCSIG Wellness Program(s) listed below. Check the programs you participated in from July 1, 2011 to June 30, 2012.

- Exercise Challenge 2012* (Feb.)
- 10,000 Steps-a-Day (Sept)
- Wellness Coordinator or Wellness Ambassador
- Other _____

*Must meet minimum participation guidelines for each activity to receive points.

I participated in a **Community Health Event** (walk, run, bike ride, hike or triathlon) and have attached a copy of my registration or event bib number.

I attended a **self-directed learning class(s)** at SVMH or CHOMP and was reimbursed by MCSIG. Check the class(s) you participated in:

- Yoga Flow
- Meditation
- Tai Chi
- Child Birth Preparation
- Stress Management
- Prenatal Yoga
- Fresh Start (quit smoking)
- Breast Feeding
- Asthma Education
- Diabetes
- Heart-Smart Nutrition
- Other _____

My **blood pressure** reading was **130/80** or less at the MCSIG health screening, at my doctor's office* or I completed a training course on reducing blood pressure.

My **cholesterol ratio** (Total Cholesterol/HDL) was **4.5** or less at the MCSIG health screening, at my doctor's office* or I completed a training course on cholesterol control.

My **blood sugar** (glucose) reading was **140** or less non-fasting at the MCSIG health screening, at my doctor's office* or I completed a training course on ways to reduce blood sugar.

**Doctor office health screening results may be used in lieu of any health screening data required by the program. The results should be submitted on a prescription pad signed by your M.D. or nurse. A copy of your lab test results is also acceptable for blood test results.*

Total Actions Verified: _____

Signature

Date

Comments? We'd like to hear from you if the program helped you adopt healthy lifestyle practices.
