

**MY**  
**Annual Saline County**  
**WELLNESS**  
**PROGRAM**



**2019**

A Saline County Wellness Program created exclusively for employees of Saline County

# The Saline County Wellness Committee

All employees are encouraged to participate in the Health and Wellness Program which has been developed to promote healthy lifestyles. This program is an employee benefit; please respect and protect it. The Wellness Committee posts its meeting minutes on the County website for the convenience of all employees by following the link provided below.

## Following are the rules for the Saline County Fitness Center:

1. The Facility will be open 24 hours a day, seven days a week;
2. **ALL** persons using this Facility must have signed a Waiver/Release of Liability & Indemnity Agreement with Saline County available at:
  - Saline County Human Resource office; or
  - <http://www.co.saline.ne.us/webpages/committees/wellness.html>;
3. You must sign-in and sign-out when using the Facility;
4. Effective March 1, 2015, this Facility is available only to Saline County employees, their current household members, employees within any Saline County facility and County retirees. Children under 19 years of age are allowed when accompanied and directly supervised by their parent or legal guardian;
5. No alcoholic beverages, tobacco/nicotine or illegal substance use is allowed at this facility;
6. Please be considerate of others by using each machine a reasonable amount of time;
7. The Combination to this Facility lock will be changed on or around July 1<sup>st</sup> of each year. Please check with the County HR office for a new combination;
8. The last person to leave the Facility will turn off all equipment, turn out the lights and lock the door.

## Wellness Committee Contacts:

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## How to Track Points

1. Turn in your **“Signup Sheet”** upon receipt of program packet.
2. Write your name on the front page and on the **“Track Your Progress”** page at back of book.
3. Record the exercise/activity, the expended time devoted to that exercise and the number of points earned for that particular exercise or activity on the day in which it was performed.
  - a. Two calendars are enclosed:
    - i. The LARGE Calendar to track exercise points, and;
    - ii. The SMALL Calendar for challenges, monthly classes, and NIRMA classes, etc.
  - b. Exercise points submitted in alternative charts, spreadsheets or word processing documents **will not be calculated by the Committee.**
4. At the end of each month, add up total points from each of your two calendars. Write the monthly total at the bottom of that calendar and at the back of the book on the Track Your Progress Sheet.
5. You may record **double points** for exercise on your own **Birthdays, New Year’s Day, Martin Luther King Jr. Day, Presidents’ Day, Valentine’s Day, St. Patrick’s Day, Easter, Arbor Day, Memorial Day, Flag Day, July 4<sup>th</sup>, Labor Day, Columbus Day, Halloween, Veterans’ Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, Christmas Day, and New Year’s Eve.**
6. You may also opt to include no more than one hour each week in which to use in place of your day of exercise assigned as, **“Alternate Physical Activity” points**. This is not to coincide with county work schedules, or be used in addition to exercise on any one particular day. As with exercise, note the activity and time involved.

## How to Claim Awards

1. **After December 31, 2019**, in order to claim your incentives earned, please turn in your program booklet and sealed medical verification forms to the Wellness Committee by **January 10, 2020**. Pick up your **2020 Wellness packet by the last week of December 2019.**
2. Write down the anticipated benefit you are claiming with the required number of points earned. **Total points will be calculated after the 2020 Blood Test.**
3. You will need to turn in your program booklet and sealed medical forms when you are claiming the incentive you desire within the time period allotted.
4. You will be given notification on the total of your incentive points by the Wellness Committee when all numbers are tabulated.
5. A ‘protest period’ will be opened in order to insure the proper calculation of points.
6. **Your awards are subject to taxation**

## 2019 Wellness Points

Signup sheet (1): 150 points  
Impact Survey (1): 500 points  
Blood Test (1): 500 points  
Physical (1): 500 points

Eye Exam (1): 250 points  
Dental (2): 200 points each  
Flu Shot (1): 200 points

Exercise: 5 points for every 15 minutes with a maximum of 1 hour per day = 20 points  
**“Alternate Physical Activity Points”** – 1 hour per week = 20 points

*\*NO EXERCISE POINTS DURING PAID WORKING HOURS EXCEPT FOR LUNCH and/or BREAKS*

*\*Alternate Physical Activity Points are not to be added to points earned for exercise on a given day*

**Exercise Definition:** *“Exercise is a planned physical activity that is done during a time dedicated for the intent and purpose of developing an overall strong, healthy lifestyle.”*

**Wellness Sponsored Educational Class or Video (when available...):**

- 50 points per class attended
- 25 points per class video rented

**Tobacco/Nicotine/Vaping/Illegal Substance:**

- Never used/have quit for six (6) months prior to end of year; w/ waiver: 4000 points

**Waist Circumference:**

**Women:** 35 inches & below 1000 points – 35.1 inches & above 0 points

**Men:** 40 inches & below 1000 points – 40.1 inches & above 0 points

*\*(Earn 100 points for each inch taken off your waist circumference in comparison to the previous year.)*

**Health Risk Categories:**

- 0 Risk Factors - 1000 points
- 1 Risk Factor - 800 points
- 2 Risk Factors - 600 points
- 3 Risk Factors - 400 points
- 4 Risk Factors - 0 points

*\*(Earn 250 points for each high-risk factor eliminated from the previous year results.)*

**NIRMA Onsite Classes:** 50 points for each class attended

**NIRMA Online Quarterly Class:** 75 points for announced quarterly classes successfully passed within the time period announced as qualifying for earned incentive points

**Mini-Challenge participation:** Points earned as provided within the rules for each challenge

**Blood Donation(s):** 20 points per donation throughout the program year

**Annual “Operation Under the Tree” Fundraiser:** 1 point per dollar value of toy(s) donated

**Annual “Shop with a Cop” Fundraiser:** 1 point per dollar donated

*\*(Drop off point: Saline County Law Enforcement Center at any time during the year)*

**\*NOTE:** The Wellness Committee will use committee discretion to alter, add bonus items or bonus points throughout the year.

## Health Insurance Premium Reduction Incentive

1. **0 – 5999 points:** 0% reduction in the employee portion ONLY, premium buy-in
2. **6000 - 7999 points:** 33% reduction in the employee portion ONLY, premium buy-in
3. **8000 – 9999 points:** 66% reduction in the employee portion ONLY, premium buy-in
4. **10000 or more points:** 100% reduction of the employee portion ONLY, premium buy-in

As of July 1, 2016, the employee portion of Health Insurance became 10% of the total employee only premium amount. This percentage can be reduced or eliminated with participation in the annual Wellness Program. Above are the points that must be accumulated to receive the reduction or elimination of this employee portion.

## Incentive Awards & Points Required

1. **5000 points:** \$10 Subway Sandwich Gift Card
2. **6000 points:** \$15 Casey's Gift Card
3. **7000 points:** \$25 VISA Gift Card
4. **7500 points:** \$50 VISA Gift Card
5. **8000 points:** \$75 VISA Gift Card or ½ day off from work
6. **9000 points:** \$100 VISA Gift Card
7. **10000 points:** \$150 VISA Gift Card or 1 Day off from work

*\*#4, #5, #6 & #7 – Your name will be entered into a drawing for a Grand Prize*

*\*An additional name will be dropped into the hat for every 1,000 points earned above 10,000*

### NOTE:

- There will be tax implications on all monetarily valued incentive awards;
- You will need to work with your Supervisor when utilizing earned time off from work

## New Employees

New employees hired within the program year will be allowed to pro-rate the exercise portion of the total points anticipated in assistance with obtaining the fullest earned reduction in the employee portion of health insurance premium costs. For existing employees, the exercise points determined to be adjusted, within the full 10000 points, is calculated to be 2600 points. Any pro-rating will be formulated upon those 2600 points. *(See pie chart later in this booklet)*

**THIS WELLNESS PROGRAM IS FOR SALINE COUNTY EMPLOYEES ONLY**



**Welcome to NIRMA Online Training. Below you will find a step-by-step process to access your courses and start your training now!**

- First, log onto the NIRMA site at [www.nirma.info](http://www.nirma.info) and click on the NIRMA Online University Logo located on the left of the page. ([www.localgovu.com/nirma/](http://www.localgovu.com/nirma/)) You will be prompted to enter the following access information:

<u>Login – Current Employees:</u>		<u>Login – New Users<sup>1</sup></u>	
<b>Login Name:</b>	Login Name	Login Name:	Email address
<b>Password:</b>	Your Password	Password:	xx#### *
		<i>(or other provided by administrator)</i>	

\* Your pin number is user specific; it will initially be set using the following:

- xx= your initials
  - ####=your four-digit employee number as found on your pay check. If you have less than four digits in your employee number, use “0’s” in front of your number, i.e. 0099, etc.
- Next, once you are logged in you will be prompted at the welcome screen to click on the tab, **“Sign In for Training”**. This will bring you to your course list and dashboard. Simply click on the course you want to take and start training!

**Other helpful information:**

1. You can take your courses any time day or night from any computer with internet access. Simply go to: [www.nirma.info](http://www.nirma.info), or directly at [www.localgovu.com/nirma/](http://www.localgovu.com/nirma/), and log in.
2. You can take all available courses activated each quarter whenever you are ready; courses may be rotated out and/or made not available into the next quarter. *(Courses offered for the benefit of Wellness Incentive points are announced at the beginning of each quarter, assigned and earned during the time period of that quarter.)*
3. You can stop in mid-course and come back later – the system remembers where you left off.
4. You can print a certificate of completion once you pass the test at the end of your course.

**Thank you for using the NIRMA online training portal.**

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<sup>1</sup> New users will need to provide their name, department, employee number and email address to the NIRMA OLU administrator on the Wellness Committee. The admin will import the new user information into the University system. New users will then be emailed login information. A change in your login credentials can be made by the user at any time thereafter.

Exercise  
&  
Alternative Activity  
Tracking Calendar

# January 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 New Year's Day	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 Martin Luther King Jr. Day	22	23	24	25	26
27	28	29	30	31		

Monthly Total: \_\_\_\_\_



# February 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 President's Day	19	20 Valentine's Day	21	22	23
24	25	26	27	28		

Monthly Total: \_\_\_\_\_

# March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17 St. Patrick's Day	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monthly Total: \_\_\_\_\_

# April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21 Easter Sunday	22	23	24	25	26 Arbor Day	27
28	29	30				

Monthly Total: \_\_\_\_\_

# May 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 Memorial Day	28	29	30	31	

Monthly Total: \_\_\_\_\_

# June 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14 Flag Day	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Monthly Total: \_\_\_\_\_

# July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4 Independence Day	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Monthly Total: \_\_\_\_\_

# August 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Total: \_\_\_\_\_

# September 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Labor Day	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Monthly Total: \_\_\_\_\_



# October 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14 Columbus Day	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31 Halloween		

Monthly Total: \_\_\_\_\_

# November 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11 Veteran's Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 Thanksgiving Day	29 Day after Thanksgiving	30

Monthly Total: \_\_\_\_\_

# December 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24 Christmas Eve	25 Christmas Day	26	27	28
29	30	31 New Year's Eve				

Monthly Total: \_\_\_\_\_

Mini Challenges,  
Educational Classes, NIRMA Classes,  
Medical, Dental, HRA, etc.  
Tracking Calendar

January 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Monthly Total: \_\_\_\_\_

February 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Monthly Total: \_\_\_\_\_

March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monthly Total: \_\_\_\_\_

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monthly Total: \_\_\_\_\_

May 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: \_\_\_\_\_

June 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Monthly Total: \_\_\_\_\_

July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Monthly Total: \_\_\_\_\_

August 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Total: \_\_\_\_\_



### September 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Monthly Total: \_\_\_\_\_

### October 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Monthly Total: \_\_\_\_\_

November 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Monthly Total: \_\_\_\_\_

December 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Monthly Total: \_\_\_\_\_

# Track Your Progress in 2019

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Month	Large Calendar Exercise	Small Calendar (Challenges, Doctor, etc.)	Total Cumulative Points
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Signature: \_\_\_\_\_

Anticipated Total Points: \_\_\_\_\_

Date: \_\_\_\_\_

*\*See page with list of incentives*

\$10.00 Subway Gift Card: \_\_\_\_\_

\$15.00 Casey's Gift Card: \_\_\_\_\_

Visa Gift Card Amount: \_\_\_\_\_

½ Day off: \_\_\_\_\_

1 Day off: \_\_\_\_\_

**NOTE:** Please ensure that your submitted documentation is complete and is in accordance with the instructions provided in this booklet. Doing so will allow the Wellness Committee to more accurately calculate and assign the points and incentives achieved. The Wellness Committee reserves its duty to determine disqualifying elements that may adjust your final point totals. There will be a dedicated time announced in which the Committee will hear a requested protest on your behalf. These Protests are for addressing miscalculations of points.

# 2019 Self Tracking Form

	Points:	Date:	Notes:
Blood Test:	_____	_____	_____
Physical:	_____	_____	_____
Eye Exam:	_____	_____	_____
Dental #1:	_____	_____	_____
Dental #2:	_____	_____	_____
Flu Shot/Mist:	_____	_____	_____
Beginning Waist Circumference:	_____	_____	_____
Ending Waist Circumference:	_____	_____	_____
Beginning HRC*:	_____	_____	_____
Ending HRC*:	_____	_____	_____

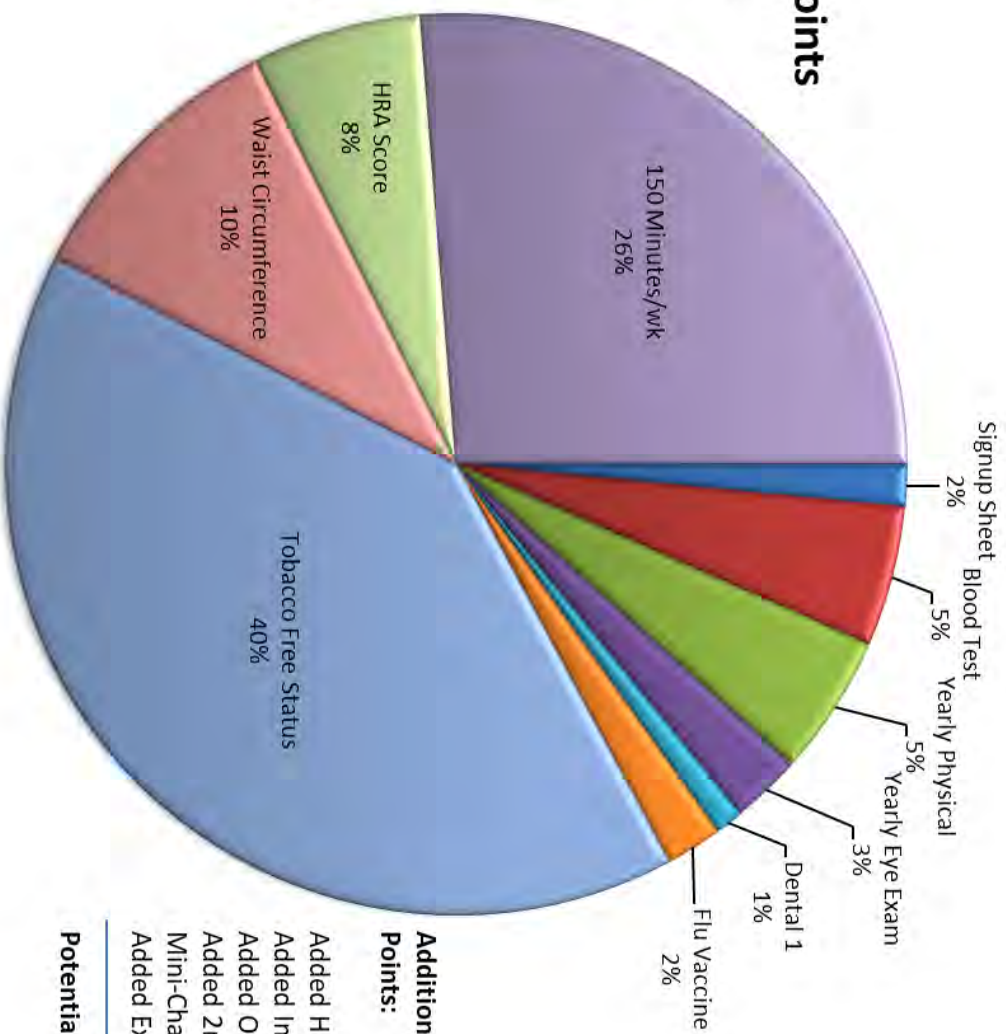
*\*High Risk Categories*

Maintain your verification records for your Blood Tests, Physical, Eye Exam, Dental visits, Flu Shot, Waist Circumference, Health Risk Categories, Exercise Points, Impact Survey, CPR/First Aid, have returned the sign-up sheet and provided the signed Tobacco/Nicotine/Illegal Substance Use Waiver form, etc.

Save all your documentation till the end of the year for a third-party review.

## 2019 Annual Wellness Points

Category	Points
Signup Sheet	150
Annual Health Fair	500
Annual Physical	500
Annual Eye Exam	250
Dental 1	200
Flu Vaccine	200
Tobacco Free	4000
Waist Circumference	1000
Midrange HRA Score	600
150min/week exercise	2600
<b>Total:</b>	<b>10,000</b>



### Additional Annual Possible Points:

- Added HRA Points: 400
- Added Impact Survey: 500
- Added Online NIRMA: 300
- Added 2nd Dental: 200
- Mini-Challenges: 250
- Added Exercise: 4700

**Potential Anticipated: 6350**

## Notice of Availability of a Reasonable Alternative Standard to the Saline County Wellness Program

Your county provided health plan is committed to helping you achieve your best health. Rewards for participating in the Saline County wellness program are available to all Saline County employees. If you think you might be unable to meet a reasonable standard for a reward under this wellness program, you might qualify for an opportunity to earn one of the same rewards by different means. Contact the Wellness Committee, they will work with you to find reasonable alternatives to elements of the wellness program with equal levels of reward that are right for you in light of your health status. An Alternative Standard request form is provided for this purpose – provided with this booklet. This form **MUST** be completed and submitted during the time periods specified below. *(Additional documentation may be requested by the Wellness Committee.)*

NOTE: A written declaration of the need and request of a Reasonable Alternative requires:

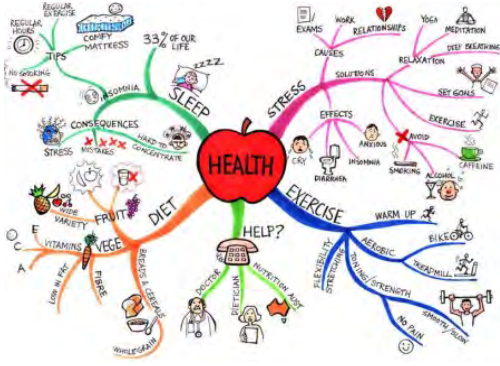
- Your notification within 30 days of the start of each program year; or
- Within 30 days following an injury or illness that would also require an alternative standard

*\*Please use this form and/or any other acquired documentation and explanation sheets. Place within an envelope in attention to the Saline County Wellness Committee. Provide this envelope to the Committee via the County Assessor's office.*

NOTES:

2019 Saline County Wellness Program©  
All Rights Reserved  
Questions about the program may be directed to the Wellness Committee





# Saline County Wellness Committee

## Application to Participate in 2019 Wellness Program

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 \_\_\_\_\_

Sex (Circle One)    M / F    Phone: (    ) \_\_\_\_\_

Department: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I understand that, by signing below, I agree to abide by the rules of the 2019 Saline County Wellness Program and that I have read and agree to the disclaimer printed below:

The Saline County Wellness Program is offered ONLY as a resource for education and information while providing incentives supporting a healthy lifestyle for all employees. Medical advice and medical services will not be offered. Saline County Wellness services are not intended to, nor should they be construed as, efforts to diagnose, treat, or prescribe for any human disease, pain, injury, deformity or physical condition. Saline County Wellness services are not intended to, nor should they be construed as, a substitute for the advice or treatment of a health care professional. A participant in a Saline County Wellness program should consult a physician prior to participation in, and/or reliance upon or use of information provided by or obtained from, the program herein or any part thereof. Any participant in a Saline County Wellness Program must agree that any information obtained from or provided by Saline County Wellness Committee will only be relied upon or otherwise used at the participant's own risk. Under no circumstances shall Saline County or its employees, independent contractors and/or agents be liable to a program participant for any damages or injury arising out of, or related to, the participant's participation in the Program, including, but not limited to, the participant's use or reliance upon, or the participant's inability to use or rely upon, information provided by, or obtained from, the Program.

I have also been informed that I have the right to sign up for, or decline participation in, the 2019 Wellness Program, or choose either option at a later date.

**I have been informed of the Wellness Program in its entirety:**

**Circle one**

**YES, I will participate or NO, I will not participate**

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

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**SALINE COUNTY, NEBRASKA – WELLNESS PROGRAM YEAR MEDICAL EXCEPTION/ALTERNATIVE STANDARD FORM**

The Saline County Wellness Program allows County employees associated with our Group Health Plan to earn medical premium discounts for achieving certain improved standards on the health screening measurements, exercise, preventative doctor's visits, health education and a variety of other wellness promoted challenges and involvement.

If it is unreasonably difficult or medically inadvisable for you to meet ANY of the benchmark targets identified below due to a medical condition, or if you would like to request an alternative standard advisory opinion from your physician, you can submit this form to request a relative exception to have your wellness incentive points relaxed in proportion to your medical status. Please provide the completed upper portion of this form, and/or have your physician complete the bottom portion if needed, to the Wellness Committee for review and adjustment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

County Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Explanation for the Exception or Alternative Standard: *(Provide information on separate page if needed...)*

What do you see as a Reasonable Alternative given your health condition?

**TO BE COMPLETED BY THE PHYSICIAN OFFICE ONLY – If needed**

OFFICE PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

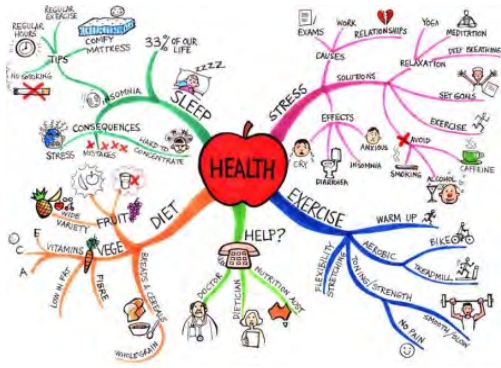
(Please check/complete each that apply:)

Medical Exception: I hereby state that it is unreasonably difficult or medically inadvisable for my patient to meet the following health target(s) listed in the Saline County Wellness Program booklet provided to me by the patient for review due to a medical condition: List unreasonable targets here:

Reasonable Alternative Standard: I hereby state that given the above conditions mentioned, it would be better advised that my patient participate in the Saline County Wellness Program using the following adjustments:

Signature of Attending Physician:

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# 2019 Tobacco, Nicotine, Illegal Substance Use Affidavit

This Affidavit certifies that the employee named below has been tobacco, nicotine, and illegal substance free for the time period between July 1, 2019 and December 31, 2019, inclusive.

Tobacco Use Information:  
 I hereby attest that I have NOT used tobacco, nicotine containing products or illegal substances during the time period listed above.

                                             
 AGREE                      DISAGREE                      INITIAL

Name of Employee: \_\_\_\_\_

By signing this form, I certify the following:

1. I have checked *the appropriate box* above which accurately reflects my use of tobacco, nicotine containing products and illegal substances, between July 1 and Dec. 31, 2019.
2. I understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products including snuff, electronic cigarettes, nicotine patch and nicotine gum regardless of the frequency or method of use.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

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