



Group Health Benefits Wellness Program Weight Loss Incentive Form

Dear Wellness Program Participant,

Congratulations! You have reached the point in your personal wellness program to qualify for an incentive. All of us in the Center for Connectional Resources applaud your efforts. It is not easy, and we honor your success.

Indicate the level(s) of incentive you have qualified for from the following 3 options. You can apply for a single incentive or multiple incentives at a time; however, *each incentive can only be earned once*. Please note that levels 2 and 3 require confirmation from your physician. All weight calculations are based on your starting weight recorded at the Day of Wellness. To determine the weight needed to achieve your target BMI of 25.0, click [BMI calculator](#).

Check all that apply:

1. **\$200 – Lost 5% of your total weight recorded at the Day of Wellness.** Current weight _____

Incentives 2 and 3 below require confirmation of current weight and height and date of your annual physical examination. Please use the attached Physician Confirmation Form.

2. **\$200 – Lost 10% of your total weight recorded at the Day of Wellness.**

3. **\$600 – Lost 100% of the weight required to achieve your target body mass index (BMI) of 25.0.**

Note: The total of all Wellness Incentives earned in any one calendar year, January 1 thru December 31, are limited to \$2,000 per person.

By signing below, I confirm that I have satisfied the requirements of the TAC Center for Connectional Resources Health Benefits Wellness Program which include:

1. TAC active clergy, under 65 early retiree, or lay employee of the TAC Fiscal Office; dependent spouse of TAC active clergy or lay employee of the TAC Fiscal Office; under 65 spouse or surviving spouse of TAC early retiree or Medicare Primary retiree.
2. Participant in the Texas Annual Conference Group Health Benefits Program.
3. Attendance at the Day of Wellness with Methodist Hospital. **Date attended the Day of Wellness** _____
4. Exercising for 20 minutes a day 3 times per week.
5. Eating nutritious meals.
6. Participation in a small group spiritual experience. (Laity substitutes church attendance)
7. Obtaining an annual physical exam. (required for incentives 2 and 3).

Name (print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Signature

Date

Send completed form in a PDF format along with Physician Confirmation Form (preferably by email) to:

TAC Wellness, 5215 Main Street, Houston, TX 77002
Email: wellness@txcumc.org
Fax: 713-521-7516

For Office Use Only:

Date Received: _____

Approved by: _____

Please allow 4 to 6 weeks for processing and mailing of your incentive check. You will receive a 1099-MISC for all Wellness Incentives paid in a calendar year.

(Rev. 2/2021)



Group Health Benefits Wellness Program Weight Loss Incentive Physician Confirmation Form

Name of Participant _____

Current Weight (lbs.) _____ Current Height (ft. -in.) _____

Date of annual physical _____ Today's date _____ *

Physician Signature _____

Physician Name (Print) _____

Physician Street Address _____

Physician City _____ Zip Code _____

Physician Phone Number _____

*Incentive Form and Physician Confirmation Form must be submitted within 30 days of the date above.