Texas Annual Conference
United Methodist Church
CENTER FOR
CLERGY EXCELLENCE

Group Health Benefits Wellness Program
2015 Maintenance Incentive Form

Dear Wellness Program Participant,

Congratulations! You have reached the point in your personal wellness program where you have continued to maintain your weight below a BMI of 25. All of us in the Center for Clergy Excellence applaud your efforts. It is not easy, and we honor your success.

All weight calculations are based on your starting weight recorded at the Day of Wellness unless you have provided documentation to change your starting weight. To determine the weight needed to achieve your target BMI of 25 or lower, click **BMI calculator**.

Incentive Requested

_____ **$750 – I have maintained a BMI of 25 or lower.** (This incentive is available beginning six months following the last incentive payment and requires a Physician Confirmation form to be attached.). Only one $750 Maintenance Incentive will be paid during 2015.

(Note: Maintenance incentive requires confirmation of current weight and date of your annual physical examination. *Please use the Physician Confirmation Form below*).

By signing below, I confirm that I have satisfied the requirements of the Texas Annual Conference Center for Clergy Excellence Group Health Benefits Wellness Program which include:

1. Texas Annual Conference active clergy or lay employee of a local church, district office, or the Annual Conference; or dependent spouse of TAC active clergy or lay employee of a local church, district office, or the Annual Conference.
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 _____ Weight at Day of Wellness _____

4. Maintaining BMI of 25 or lower as indicated above.
5. Exercising the body for 20 minutes a day 3 times per week.
6. Eating nutritious meals.
7. Participation in a small group spiritual experience. (Laity substitutes church attendance)
8. Obtaining an annual physical examination (required for maintenance incentive).

_____ _____ _____
Signature Date District

Name (print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Send completed form (along with Physician Confirmation Form) to:

Mr. Ted Carlson,
Carlson's Consulting
14523 Muirfield Lane Houston, TX. 77095
Fax: 281.856.0877 / Email – trcarlson@aol.com

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Group Health Benefits Wellness Program
Physician Confirmation Form

Name of Participant _____

Date of annual physical (must be within last 12 months) _____

Current Weight _____ Date _____

Physician Signature _____

Physician Name (Print) _____

Physician Street Address _____

Physician City _____ Zip Code _____

Physician Phone Number _____