



Group Health Benefits Wellness Program 2024 Annual Maintenance Incentive Form

Dear Wellness Program Participant,

Congratulations! Maintaining a BMI of 25.0 or lower is not always easy, and we honor your success. To determine the weight needed to achieve your target BMI of 25.0 or lower, click [BMI calculator](#).

The following Maintenance Incentive is available to participants in the TAC Wellness Program in 2024:

_____ **\$1,000 Annual Maintenance Incentive – I have maintained a BMI of 25.0 or lower.**

This incentive is available beginning six months following attendance at the Day of Wellness or following the date of the most recent incentive form submission. Only one \$1,000 Annual Maintenance Incentive will be paid during 2024.

Deadline for submission of this incentive is December 31, 2024.

Note: The above Annual Maintenance Incentive requires confirmation of current weight and height and date of your physical examination. Please use the attached Physician Confirmation Form. 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.
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.

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) by December 31, 2024 to:

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

For Office Use Only:
Date Received: _____
Date attended DOW: _____
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.



Group Health Benefits Wellness Program 2024 Annual Maintenance Incentive Physician Confirmation Form

The Physician Confirmation Form must be completed in full by the physician or the physician's office personnel.

Participants: *please do not complete any part of the Physician Confirmation Form.* Thank you.

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 and no later than December 31, 2024.

For Office Use Only:

Current BMI: _____

Your current BMI will be obtained from the CDC at www.cdc.gov/adultBMI using the weight and height recorded by your physician on this form.

(Rev. 11/2023)