## **2021-2022 Wellness Initiative Staff Member Tracking Sheet**

Shac	dowfax	
Name		Phone
Birthdate		Age
	MM - DD - YYYY	as of 12/31/21

Shadowfax is committed to supporting our staff members with taking an active role in their health and we are happy to announce the continuation of our Wellness Initiatives for the 2021-2022 Plan Year. In order to qualify for the payroll incentive for the plan year beginning on March 1, 2022, staff members are required to complete the preventive exams and educational activities listed on this form between Jan. 1, 2021 and Dec. 31, 2021.

Please record your activities on the designated spaces below and turn in your completed tracking sheet and all supporting documentation to Amy Brillinger, Director of Human Resources, on or before 1/15/22, in order to confirm your participation and eligibility for the payroll discount effective for the 2022-2023 Plan Year.

**NOTE**: It is your responsibility to know the criteria! If you wait until the due date of 1/15/22 to turn in your documentation and the criteria is not met, then you will **NOT** have the opportunity to meet the criteria. It is in your best interest to submit the documentation early. **You must provide documentation for every activity**. To verify the completion of your preventive exams, you can attach a copy of your Plan Activity Statement showing the specific procedure completed (not just the first page of the statement), or obtain a note from your physician.

<u>Notice of Alternative Standard:</u> Shadowfax is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all staff members. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please contact HR immediately and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

The following criteria (Preventive Exams & Educational Activities) are required ONLY for staff who are enrolled in a Highmark Medical Benefits Plan. Must be completed between 1/1/21 - 12/31/21.

List all dates and provide documentation for all of the required exams, including dates of exams from previous years. Prior tracking sheets will not be reviewed to look up information that has not been listed below. Dates and documentation not provided will be considered as incomplete and will not qualify for the wellness incentive.

	PREVENTIVE EXAMS:  All clinically recommended preventive exams based on age and gender per Highmark's 2021 Preventive Care Schedule. Age criteria must be completed based on your age as of 12/31/21.	Date of Completion	Documen- tation Attached	Verified By
ŤŤ	Preventive Exam  Documentation must be included with this tracking sheet, even if it was turned in to satisfy your work physical requirement. Bi-annually for ages 19-49; annually for 50 & older; must be completed by your primary care physician; a physical from the IRC or a similar clinic does not meet the criteria.			
*	Mammogram - Annually for females at age 40 & older.			
Ť	Pelvic & Breast Exam - Annually for females at age 21 & older.			
Å	Cervical Cancer Screening  Every 3 yrs for females ages 21-65 (or annually per doctor's advice) or every 5  yrs for females ages 30-65 if HPV only or combined Pap and HPV are negative; as recommended by your physician for females age 65 & older.			

<b>††</b>	Colorectal Cancer Screening  Beginning at age 50; annual screening with fecal occult blood Cologuard test every 3 years, or screening with flexible sigms yrs with or without annual FOBT, or double contrast barium or colonoscopy every 10 yrs; earlier or more frequently as reyour doctor.	oidoscopy every 5 enema every 5 yrs,		
	<b>Cholesterol (Lipid) Screening</b> Every 5 yrs for ages 2 often as recommended by your physician for high-risk. (If co last 5 yrs, you may submit that documentation.)			
Å	Osteoporosis (Bone Mineral Density) Screen Every 2 yrs: for women ages 65 and older (You will need to prescription from your doctor to have this completed, in ord covered by insurance.)	obtain a		
*1	<b>Dental Exam</b> the dental plan allows for 3 dental visits per year. Please provide documentation to reflect that you had a dental cleaning <u>at least once</u> during 2021.			
	EDUCATIONAL ACTIVITIES: educational opportunity will be announced via the staff	Date of Completion	Verified By	

EDUCATIONAL ACTIVITIES:  Each quarter, an educational opportunity will be announced via the staff newsletter. It will be available on Shadowfax's Learning Management System, Relias. In order to receive credit for the educational component of the wellness initiative, you must participate in at least 2 of these activities. There will be no substitutes permitted.	Date of Completion	Verified By	
1.			
2.			

I understand that this is a legally binding document and that under Pennsylvania law (18 Pa.C.S. s4117), I could be subject to fines or imprisonment if I knowingly make a false statement in an attempt to defraud The Shadowfax Corporation. With that knowledge, I hereby attest that each of the above statements regarding my completion of the activities above is accurate.

Name (Please Print):	Signature:		Date:
		WORD G:HR Info / Well	ness Initiative Tracking Sheet 2021-2022 Updated 2/4/21
HR USE ONLY Wellness Initiative Criteria met:	YesNo	Initials:	Date: