



Diocese of Austin
Wellness Program Application
Reimbursement

EMPLOYER INFORMATION

Name: _____
 Address: _____

Name as it appears on BCBS card: _____

Employee members of the Diocese of Austin’s Health Plan are eligible to receive a \$250 Wellness Incentive when a yearly annual exam is completed and three (3) of the four (4) remaining criteria are met. Check (v) the four (4) you have completed:

- Undergo an age and gender appropriate annual Physical Health Examination * REQUIRED***
- Log/Register on the Blue Cross Blue Shield website
- Complete a Biometric Screening using the designated lab
- Complete the Health Risk Assessment (HRA) on the Blue Cross Blue Shield website
- Participate in a qualifying Blue Cross Blue Shield Disease Management Program, if applicable

Once you have completed four (4) of the five (5), submit this application to the Diocese of Austin, Finance Office. Must complete all of the requirements within the same quarter. Reimbursement will be issued on a quarterly basis.

The wellness incentive is a taxable benefit. Because of this, your employer will need to include this in your normal pay. Payment not subject to taxes if deposited in employee HSA account.

- I elect to have funds included in pay I elect to have funds deposited into my HSA account

Blue Cross Blue Shield will provide a quarterly report of all those that completed the Wellness Program. All medical results are kept confidential and will not be shared with the Diocese of Austin.

Employee’s Signature _____ Date _____

Schedule:

<u>Quarter</u>	<u>Due</u>
Jul – Sept	10/11/2019
Oct – Dec	01/10/2020
Jan – Mar	04/10/2020
Apr – Jun	07/10/2020

Submit completed applications to Krystal Reyes at krystal-reyes@austindiocese.org