

## HUSKY HEALTH 2020 CHECKLIST

Complete and submit to Benefit Services ([benefits@mtu.edu](mailto:benefits@mtu.edu)) by January 11, 2021 to receive your Husky Health incentive benefit.

**Certify:** The foundation of Husky Health is based on trust, and I understand that falsifying information may disqualify me for the Husky Health incentive. By filling in my name below, I certify that I completed the activities marked on this form between October 1, 2019 – December 31, 2020.

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

M#: \_\_\_\_\_

### OPTION 1

Both items must be completed to receive the \$200 incentive

Between October 1, 2019 - September 30, 2020, I completed the following:

My Blue Cross Health & Wellness health assessment: Date: \_\_\_\_\_

My annual physical exam: Date: \_\_\_\_\_

Option 1 Total: \$ \_\_\_\_\_

### OPTION 2

Complete an approved health screening or program to earn up to \$150 (\$25 each/limit 6)

Between October 1, 2019 - September 30, 2020, I completed the following (check up to 6):

Dental exam and cleaning (max 2): Date(s): \_\_\_\_\_ / \_\_\_\_\_

Vision exam (max 1): Date: \_\_\_\_\_

Flu shot (max 1): Date: \_\_\_\_\_

Tobacco cessation program OR continued tobacco-free (max 1) Cessation Program Date: \_\_\_\_\_  
OR check for continued tobacco free

Sleep assessment (max 1): Date: \_\_\_\_\_

Attended Benefits Fair (max 1): Date: \_\_\_\_\_

TIAA or Fidelity one-on-one consultation (max 1): Date: \_\_\_\_\_

University Training or Workshop ([mtu.edu/diversity/trainings/](http://mtu.edu/diversity/trainings/)) (max 1): Title & Date: \_\_\_\_\_

Attended 2 Husky Health Lunch & Learn (must attend 2): Dates: \_\_\_\_\_ / \_\_\_\_\_

Donate blood (max 2): Date(s): \_\_\_\_\_ / \_\_\_\_\_

Complete Benefits Open Enrollment on MyMichiganTech: Date: \_\_\_\_\_

Other pre-approved preventive screening, program or presentation\*: Description & Date: \_\_\_\_\_

Option 2 Total: \$ \_\_\_\_\_

\*Contact Benefit Services ([benefits@mtu.edu](mailto:benefits@mtu.edu)) for pre-approval, screenings in addition to annual preventative exam

OPTION 3 CONTINUED ON PAGE 2

## OPTION 3

Do an approved physical activity or nutrition challenge, event, or program to earn up to \$100 (\$25 each/limit 4)

Between October 1, 2019 - September 30, 2020, I completed the following (check up to 4):

- Michigan Tech Husky Health or other wellness challenge (max 3): Date(s) and Title(s):  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Weight Watchers (12-week session/max 3) or Lifetime Membership\*: Session Start Date(s) or Lifetime Member: \_\_\_\_\_ / \_\_\_\_\_
- Fitness class (8+ punch-pass/max 3)\*: Purchase Date(s): \_\_\_\_\_ / \_\_\_\_\_
- Fitness membership (3 month pass/max 3)\*: Purchase Date(s): \_\_\_\_\_ / \_\_\_\_\_
- Naturally Slim (max 1): 10-week core program or continuation of NS for Life: Core Program Start Date or NS for Life: \_\_\_\_\_
- Golf course Membership (season pass/max 2): List Season(s)\*\*: \_\_\_\_\_
- Ski hill membership (season pass/max 2): List Season(s)\*\*: \_\_\_\_\_
- Commute at least 50% of the time by foot or bicycle (per season\*\*\*/max 3): List Season(s): \_\_\_\_\_ / \_\_\_\_\_
- Physical activity race or event, such as a 5K (1 per season\*\*\*/max 3) List Season(s), Name and Date of Race/Event: \_\_\_\_\_ / \_\_\_\_\_
- Trails pass (season pass/max 3): List Season(s): \_\_\_\_\_ / \_\_\_\_\_
- Other pre-approved challenge, event, program or tracking website/app\*\* (1 per season/max 3): List Season(s), Name and Date of pre-approved challenge/event/program or tracking website/app: \_\_\_\_\_ / \_\_\_\_\_

Option 3 Total: \$ \_\_\_\_\_

\*Annual/Lifetime membership or fitness class pass counts as three (3) checks

\*\* Contact Benefit Services ([benefits@mtu.edu](mailto:benefits@mtu.edu)) for pre-approval

\*\*\*Seasons: October – January; February – May; June – September

**CHOOSE YOUR INCENTIVE ON PAGE 3**

**CHOOSE YOUR HUSKY HEALTH INCENTIVE**

**Combine Total from Option 1 - 3: \$** \_\_\_\_\_

**Choose One:**

- Paycheck (taxable lump sum)
- Health Savings Account/HSA (tax-free lump sum)\*\*
- Flexible Spending Account-healthcare/FSA (tax-free lump sum)
- Amount earned toward a membership at the SDC (taxable)\*
- Amount earned toward a membership at the Portage Lake Golf Course (taxable)\*
- Amount earned toward a membership at Mont Ripley Ski Area (taxable)\*

**\*Up to the amount of the cost of a membership**

**\*\* If you are a dual spouse choosing HSA provide the name of the spouse with the HSA/Medical Coverage:** \_\_\_\_\_

**Thank you for participating in Husky Health! After verification, you will receive your chosen incentive in 2021.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_