HUSKY HEALTH 2020 CHECKLIST

Complete and submit to Benefit Services (benefits@mtu.edu) by October 12, 2020 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 - September 30, 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/) (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) 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) 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: ____________________