

## HUSKY HEALTH 2021 CHECKLIST

Complete and submit to Benefit Services ([benefits@mtu.edu](mailto:benefits@mtu.edu)) by January 10, 2022 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 **January 1, 2021 – December 31, 2021**.

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

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

### OPTION 1

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

Between **January 1, 2021 – December 31, 2021**, 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 **January 1, 2021 – December 31, 2021**, 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 **January 1, 2021 – December 31, 2021**, 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:

- Health Savings Account/HSA (tax-free lump sum)\*\*
- Flexible Spending Account-healthcare/FSA (tax-free lump sum)
- Community Health/Fitness Center\*: \_\_\_\_\_ \*\*\*
- 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: \_\_\_\_\_

\*\*\* Employees will need to submit a form for the external vendor to process payment. Incentives paid to external vendors must be used within the calendar year received.

Thank you for participating in Husky Health! After verification, you will receive your chosen incentive in 2022.

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