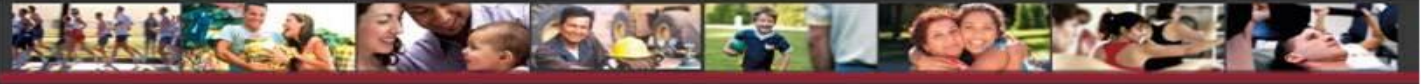




WELLPATH
CENTERED ON HEALTHY LIVING

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY



WellPath Orientation Verification Form

I completed the WellPath Orientation and I understand the following:

- The *ABC's of Participation* include completion of this orientation, *Know Your Numbers* (KYN) and the confidential, *Personal Wellness Assessment* (PWA) Three- parts make a whole.
- I must complete the [ABC's of Participation](#), indicate my incentive preference through MyWellPath account, and have 25 points or more in MyWellPath to redeem WellPath Points for incentives.
- The *ABC's of Participation* must be completed every year.
- WellPath Points expire in 15 months. Points are redeemed FIFO (first in- first out)
- My personal health information will not be given to WellPath in a way that makes me individually identifiable.
- At no time will my participation in WellPath be contingent upon me divulging my personal health information.
- Discussing my personal health information with a health coach is solely at my discretion. Health coaches are not employees of SRP-MIC or Enterprises.
- The incentives for WellPath Participation vary based on my employer.
- The maximum incentive earned per calendar year is \$500 and/or 2 weeks of Annual Leave.
- I will open a *MYWellPath* account to report activity and verify that I am receiving participation incentives. I can find instructions and information at: www.wellpath.info/mywellpath.

Employee ID

Name (please print if signature is hard to read)

Date

E-mail address (please print)

Please return this form via your MYWellPath account: www.wellpath.info/mywellpath, by email to: wellness@srpmic-nsn.gov, fax to: (480)362-5584, or mail or Interoffice mail to: WellPath Human Resources, Two Waters, 10005 East Osborn Road, Scottsdale, AZ 85256.