

# BOISE SCHOOLS | WELLNESS PLAN REQUIREMENT **EXEMPTION FORM**

We acknowledge that an employee's wellness and general health may be under close scrutiny by a health care provider. We also understand that some employees are under the care of a physician for pregnancy, on-going medical problems or treatment. If any of these conditions apply to you, you may be eligible for an **EXEMPTION** from requirements needed to meet the minimum 275 WellSteps REWARDS points for the 2021-22 DISTRICT WELLNESS PLAN.

To check the status of your 2021-22 Wellness Plan requirements, log-in to [wellsteps.com/boiseschools](http://wellsteps.com/boiseschools)

## THIS SECTION TO BE COMPLETED BY EMPLOYEE/HEALTH PLAN MEMBER



PLEASE PRINT CLEARLY.

Name \_\_\_\_\_

Email address \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact phone \_\_\_\_\_

Please check one:  Active Employee - Employee ID # \_\_\_\_\_  Retiree

I understand by submitting this EXEMPTION form, I will opt-in to the wellness plan, however **WAIVE** the opportunity to earn the Gold Level REWARDS points (\$90 gift card).

**X** \_\_\_\_\_

SIGNATURE OF EMPLOYEE/PLAN MEMBER

DATE

## COMPLETED FORMS ARE DUE NO LATER THAN MARCH 31, 2021!

Plan members, please submit this form to WellSteps via secure email: [boise@wellsteps.com](mailto:boise@wellsteps.com) OR via fax: (801)590-6620  
Incomplete information will jeopardize plan member's eligibility for the Wellness Plan 2021-22. Thank you!

## THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER

I VERIFY THE FOLLOWING HAS BEEN REVIEWED AND/OR DISCUSSED WITH THIS PATIENT.  
PLEASE CHECK ALL THAT APPLY:

- It may be medically inadvisable for this patient to participate in activities associated with the Wellness Program.
- Other (please explain in the space provided below)

\_\_\_\_\_  
\_\_\_\_\_

If any of these apply, a plan member may be eligible for an EXEMPTION from requirements to meet the minimum 275 WellSteps REWARDS points for the 2021-22 DISTRICT WELLNESS PLAN, however **AGREE** to waive earning additional points to earn the \$90 REWARDS gift card.

**X** \_\_\_\_\_

SIGNATURE OF PHYSICIAN/LICENSED MEDICAL PROVIDER

DATE

PHONE

## PATIENTS ARE ASKED TO SUBMIT THEIR OWN FORM BY MARCH 31, 2021.



For additional information on the Wellness Plan Option 2021-22, please contact the Employee Wellness Coordinator at (208) 854-4083, [wellness@boiseschools.org](mailto:wellness@boiseschools.org), or visit [boiseschools.org/benefits/wellness](http://boiseschools.org/benefits/wellness) for additional information on Boise Schools Wellness.