

# 2017 CHS LiveWELL Healthy Weight Reward Goals

Did you know a 15 pound weight loss can reduce your risk of diabetes by up to 70%?

**New in 2017! Weight loss reward is \$300 for only 15 pounds!**

One of the most important ways to reduce health risks is to maintain a healthy weight. CHS LiveWELL rewards teammates with a \$300 HSA deposit in 2017.

Earn the Healthy Weight Reward in **one** of three ways:

START HERE:	1 HEALTHY WEIGHT REWARD	2 WEIGHT/HEALTHY WAIST REWARD	3 WEIGHT LOSS REWARD
Find your HEIGHT* then follow across to find weight and waist goals	<b>WEIGHT** IN LIGHTWEIGHT CLOTHES WITHOUT SHOES</b> Reward weight (pounds) is between values below: (If weight is less than lowest weight see Exception below)	<b>WAIST*** REWARD</b> 1. Weight must be equal to or less than the weight listed AND 2. Waist must be equal to or less than 35" for women, 40" for men	Document both start and end weight for weight loss.
58" (4ft 10in)	89 – 119	143	<b>LOSE 15 LBS FOR \$300</b>  <b>WEIGHT LOSS REWARD ONLY:</b> your last weight for the 2016 Healthy Weight Reward Program can be the 2017 start weight or get a new start weight in 2017.
59" (4ft 11in)	92 – 124	148	
60" (5ft)	95 – 128	153	
61" (5ft 1in)	98 – 132	159	
62" (5ft 2in)	101 – 136	164	
63" (5ft 3in)	105 – 141	169	
64" (5ft 4in)	108 – 145	175	
65" (5ft 5in)	112 – 150	180	
66" (5ft 6in)	115 – 156	186	
67" (5ft 7in)	119 – 159	191	
68" (5ft 8in)	122 – 164	197	
69" (5ft 9in)	125 – 169	203	
70" (5ft 10in)	129 – 174	209	
71" (5ft 11in)	133 – 179	215	
72" (6ft)	137 – 184	221	
73" (6ft 1in)	140 – 189	227	
74" (6ft 2in)	144 – 194	234	
75" (6ft 3in)	148 – 200	240	
76" (6ft 4in)	152 – 205	246	
77" (6ft 5in)	156 – 211	253	
78" (6ft 6in)	160 – 216	260	

**EXCEPTIONS:** Low weight (below Healthy Weight zone), pregnant, breastfeeding, medical issues or athletes (if overweight due to high muscle mass): Complete a HWR Exception form available on the LiveWELL website or email CHSHealthyWeight@CarolinasHealthCare.org or call 704-355-8136.

**Weight, height and waist (if applicable) must be measured by an acceptable professional.**

\*HEIGHT is measured without shoes and to the nearest quarter inch.

\*\*WEIGHT: Measured without shoes.

\*\*\*WAIST: Tape measure is placed around bare or lightly clothed abdomen just above hip bone. Exhale and measure waist when relaxed. The tape should be snug but not compress skin and should be parallel to the floor. Note: Pant size is not a waist measurement.

We are committed to helping you achieve your best health. Rewards for participating in CHS LiveWELL are available to all teammates participating in our health plan. If you think you might be unable to receive a reward, you might qualify for an opportunity to earn the same reward by different means. Call us at 704-355-8136 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you. Pregnant, breastfeeding or underweight teammates and teammates who cannot participate due to religious or other reasons should call us for an alternate reward option.

To learn more about the CHS LiveWELL Notice Concerning Employee Wellness Programs and Protections from Disclosure of Medical Information, please visit [LiveWELL.CarolinasHealthCare.org/Incentive](http://LiveWELL.CarolinasHealthCare.org/Incentive).

**Terms and Conditions:** This program is designed for your benefit and is based on the honor system, so you must honestly and accurately report all activities about your wellness achievements. These declarations will be verified on a random basis. If any claim is found to be untrue, there will be consequences, including the immediate cancellation of your CHS LiveWELL Incentive reward.

# 2017 CHS LiveWELL Healthy Weight Reward Form

**New in 2017! Weight loss reward is \$300 for only 15 pounds!**

**REQUIRED:** Teammate/Employee ID (find the number by your name on paycheck)

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Last Name (print legibly)

First Name

Birth Date

mo/

day/

year

Daytime Phone

Circle One

Male

Female

Dept.

Please sign below to verify that your measurements below are accurate and were made by the indicated professional

Signature

Date

**INSTRUCTIONS:** Have your measurements documented in the spaces below by an acceptable professional. See chart on other side for reward amounts and goals.

## STEP 1: Start Measurement to be completed by an Acceptable Professional

Measurement Date	/	/	Program begins January 9, 2017. Last weight documented in the 2016 Healthy Weight Program may be used as your 2017 start weight for weight loss rewards.								
Height				Weight				Waist Circumference (If applicable)			
	feet	inches	0, ¼, ½ or ¾		pounds	tenths			inches	0, ¼, ½ or ¾	

**Acceptable Professional Verification:** By signing below you verify these measurements:

Professional's Name (print legibly)

Professional's Signature

Practice Name

### Acceptable Professionals

- Teammate's Personal Physician
- CHS LiveWELL Consultants
- CHS Teammate Health Staff
- CHS On-Site Care Staff
- Weight Watchers Leader
- Carolinas Weight Management
- See CHS LiveWELL webpage for more

## STEP 2: Assess! Did you meet a reward goal? (See other side for goals)

**YES.** Skip STEP 3, go to STEP 4 and follow instructions to request your reward.

**NO.** When you lose 15 pounds or reach your Healthy Weight, go to STEP 3 below.

**STEP 3: Required only if new reward goal is achieved.** Document your new measurement(s) below and then request your reward with Step 4 instructions at bottom of page.

Measurement Date	/	/	Measurement must be performed by the professional who signs below:			
Weight				Waist Circumference (if applicable)		
	pounds	tenths			inches	0, ¼, ½ or ¾

**Acceptable Professional Verification:** By signing below you verify these measurements:

Professional's Name (print legibly)

Professional's Signature

Practice Name

### Your Goal for Reward:

### Pregnant, Breastfeeding or Medical Exception or Alternative rewards

Get your exception form from the CHS LiveWELL website

## STEP 4: Request your reward when you reach one of the three goals (other side of this page):

1. FAX this signed, completed form to 704-446-1635 or email to: CHSHealthyWeight@CarolinasHealthCare.org. No photos please.
  2. Important: **Save this completed form and your fax confirmation until your HWR is received.** Confirmation that measurements were received is sent to your CHS email. Confirmation of your HWR is sent to your Total Health Portal Rewards page (allow 2 weeks.)
- REWARD PAYMENT:** HWR rewards are deposited to your Health Savings Account during the current year. Maximum reward in 2017 is \$300. Measurements received by **March 3** rewarded after **April 7**; by **June 9** rewarded after **July 14**; and by **September 15** rewarded after **October 20**. Those on monthly payroll are rewarded the following month. To earn this reward you must be enrolled in the CHS LiveWELL Health Plan. Find the reward in "Employer Paid Benefits" (lower right section on your paycheck added to CHS LiveWELL rewards.) **Missing reward payments should be reported within 4 weeks of payout date.**
- NOTE:** We are committed to helping you achieve your best health. Rewards for participating in CHS LiveWELL are available to all teammates participating in our health plan. If you think you may be unable to receive a reward, you might qualify for an opportunity to earn the same reward by different means. Call us at 704-355-8136 and we will work with you (and, if you wish, with your doctor) to find a wellness program with a reward that is right for you in light of your health status. Pregnant, breastfeeding or underweight teammates can use the exception form (found on LiveWELL website) to receive the reward.