Employee Name: _____ **Date Submitting:** _____

Wellness Program Checklist
October 1, 2025, to May 1, 2026

PERSONAL WELLNESS

- ◯ Annual Physical in the most recent 12 months.
  DATE OF PHYSICAL: _____
- ◯ Ensure your Advance Care Directives are up-to-date and on file with your primary care provider.
  DATE: _____
- ◯ Dental or eye exam in the most recent 12 months.
  DATE OF EXAM:_____
- ◯ Other - something meaningful that you already do related to Personal Wellness. INDICATE WHAT YOU DID:
  _____

FINANCIAL WELLNESS

- ◯ Update/Write your will and share with beneficiaries.
- ◯ Unsubscribe from promotional emails that flood your inbox and may encourage unnecessary spending.
- ◯ Meal prep for one month and stick to only buying from your preplanned meal prep grocery list.
- ◯ Other - something meaningful that you already do related to Financial Wellness. INDICATE WHAT YOU DID:
  _____

INTELLECTUAL WELLNESS

- ◯ Try some new brain games - Sudoku, Crossword Puzzles, Jigsaw Puzzles, Logic Puzzles, etc.
  GAMES TRIED:_____
- ◯ Download Duolingo and learn a new language.
  LANGUAGE TRIED : _____
- ◯ Hold a monthly game/card night-Examples: Scrabble, Catan, Monopoly, Euchre, Cribbage, Spoons. GAME(S) PLAYED: _____
- ◯ Other - something meaningful that you already do related to Intellectual Wellness. INDICATE WHAT YOU DID: _____

THIS FORM MUST BE **UPLOADED TO YOUR EMPLOYEE NAVIGATOR ACCOUNT BY MAY 1, 2026**
TO ENSURE YOU QUALIFY FOR THE WELLNESS BENEFIT IN 2026-2027.

EMOTIONAL WELLNESS

- ◯ Take a break from social media for 2 weeks.
  DATES OF YOUR BREAK:_____
- ◯ Add a meditation app & do meditation for 2 weeks.
  DATES: _____
- ◯ Journal about your day for one month & reflect at the end of the month.
- ◯ Learn about the District's EAP programs that are offered free to staff. DATE REVIEWED: _____
- ◯ Other - something meaningful that you already do related to Emotional Wellness. INDICATE WHAT YOU DID: _____

SOCIAL WELLNESS

- ◯ Invite a new colleague to join you for coffee or lunch.
  DATE: _____
- ◯ Volunteer in your community.
  EVENT & DATE: _____
- ◯ Send a text or call a friend you haven't connected with in a while. DATE: _____
- ◯ Other - something meaningful that you already do related to Social Wellness. INDICATE WHAT YOU DID:
  _____

IMPORTANT THINGS TO KNOW

- Complete **one** item in each dimension area **(5 total)**.
- Complete Wellness Program Checklist & upload to your Employee Navigator account by May 1, 2026, to qualify for the Wellness Benefit for the 2026-2027 School Year.
  SEE BELOW FOR SPOUSE REQUIREMENT
- *If you are having trouble completing the checklist or have any questions, please contact Human Resources for assistance.*

ENROLLED IN FAMILY HEALTH INS.

If you are enrolled in **Family Health Insurance**, the **spouse** on the plan **must complete one item** from any of the areas on the "Spouse Wellness Program Checklist."
Submit their "Spouse Wellness Program Checklist" in Employee Navigator by May 1, 2026.
Call Human Resources if you have questions.