

Employee Name: \_\_\_\_\_

Date Submitting: \_\_\_\_\_



# Wellness Program Checklist

## October 2023 to May 1, 2024

### PERSONAL WELLNESS

- Dental or eye exam in the most recent 12 months.  
DATE: \_\_\_\_\_
- Age or seasonal appropriate immunization.  
DATE: \_\_\_\_\_
- 21 days of workouts or meal tracking  
DATES: \_\_\_\_\_
- Other - something meaningful that you already do related to Personal Wellness.  
INDICATE WHAT YOU DID: \_\_\_\_\_

### FINANCIAL WELLNESS

- Subscribe to a financial newsletter. (ex: Smart Strategies).  
SUBSCRIPTION NAME: \_\_\_\_\_
- Meet with financial advisor in the most recent 12 months. DATE OF MEETING: \_\_\_\_\_
- Begin (or are currently) participating in 403b  
CONFIRM PARTICIPATION:
- Other - something meaningful that you already do related to Financial Wellness. INDICATE WHAT YOU DID: \_\_\_\_\_

### INTELLECTUAL WELLNESS

- Join a book club, or create one in your building/department. NAME OF BOOK READ FOR CLUB: \_\_\_\_\_
- Learn about & start a new hobby (ex. gardening, beekeeping, knitting, photography, hiking, etc.).  
HOBBY: \_\_\_\_\_
- Find a new, challenging recipe and make it from scratch. RECIPE NAME: \_\_\_\_\_
- Other - something meaningful that you already do related to Intellectual Wellness. INDICATE WHAT YOU DID: \_\_\_\_\_

### EMOTIONAL WELLNESS

- Practice meditation for a week  
DATES: \_\_\_\_\_
- Attend 5 yoga classes  
DATES: \_\_\_\_\_
- Listen to Podcast related to Emotional Well-being  
NAME OF PODCAST: \_\_\_\_\_
- Get outdoors - take a hike, go sledding, enjoy the outdoors. TYPE OF ACTIVITY: \_\_\_\_\_
- 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 lunch (or coffee). DATE: \_\_\_\_\_
- Volunteer in your community or at a Holmen school event. EVENT & DATE: \_\_\_\_\_
- Send a note of support or thanks to a colleague or student. DATE: \_\_\_\_\_
- Other - something meaningful that you already do related to Social Wellness. INDICATE WHAT YOU DID: \_\_\_\_\_

### ANNUAL ROUTINE PHYSICAL

- Submit proof of annual physical or upload "After Visit Summary" from appointment. "Annual Physical Form" can be found on District website or in Employee Navigator.
- Physical must have occurred between April 1, 2023 and May 1, 2024.
- Spouse physical also required if enrolled in family health plan where spouse is enrolled on plan.  
*For physicals outside dates above, please contact Human Resources for exception.*

Completing **one** item in each dimension area (5 total) and the Annual Wellness Exam will qualify employee for HSA wellness or ABP wellness benefits in the 2024-25 plan year.

UPLOAD THIS COMPLETED FORM TO YOUR EMPLOYEE NAVIGATOR ACCOUNT.