

Employee Name: _____

Date Submitting: _____



Wellness Program Checklist

October 2024 to May 1, 2025

PERSONAL WELLNESS

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

FINANCIAL WELLNESS

- Take a financial well-being quiz, like this one:
<https://www.consumerfinance.gov/consumer-tools/financial-well-being/>
- 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

- Attend a painting class - bring a friend for more fun.
WHAT DID YOU PAINT? _____
- Attend 5 yoga classes
DATES: _____
- Start a journal and write about your day each day.
:DAY JOURNAL STARTED: _____
- Get active - spend 10-15 minutes being active each day (walk, hike, cleaning, dance - just be active).
- 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 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, 2024 and May 1, 2025.
- 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 2025-26 plan year.

UPLOAD THIS COMPLETED FORM TO YOUR EMPLOYEE NAVIGATOR ACCOUNT.