

Introducing the Workplace Athlete

Who takes a few moments throughout the day to walk and stretch? Who takes the stairs when possible? Who alternates sedentary with more active tasks? Who is a Workplace Athlete?

You!

Wellness ♥ Works 2018 Prize Drawing Rules

OFFICIAL RULES

NO PURCHASE NECESSARY TO ENTER OR TO WIN. ALL FEDERAL, STATE, LOCAL AND MUNICIPAL LAWS AND REGULATIONS APPLY. VOID WHERE PROHIBITED.

- 1) **ELIGIBILITY:** Subject to the requirements below, the *Wellness ♥ Works* 2018 Prize Drawing is open to any employee 18 years or older.
- 2) **HOW TO ENTER:** If you are eligible and do not opt out of the Prize Drawing, you will be automatically entered in the Prize Drawing to win one of the prizes indicated below by successfully completing the ***Be Active! Challenge*** as described in Activity Plan A, B, or C below and successfully submitting a Calendar Voucher per these Official Rules.

Be Active! Challenge

Be Active! Challenge. This is a self-monitored program completed during **any 28 days** within the 8 week activity period of **March 25, 2018 – May 19, 2018**. Choose one of the **Activity Plans A, B, or C** described below (Activity Plans may not be combined). You set your schedule.

Activity Plans

- A. **5000 Steps Plan.** Participants walk 5,000 steps per day, or the equivalent in the chosen activity. Participants may use activity trackers to track activity step equivalence, or the attached **Workplace Athlete Step** Equivalentents for alternative exercise may also be used.

Completion of 5,000 steps per day or the equivalent activity will be recorded by the participant **per the requirements indicated in 3) below** on the Calendar Voucher. **Vouchers not completed per the requirements indicated in 3) below will not be accepted.**

- B. **Missions Plan.** (available to UHC members only) Log in at MyUHC.com, complete a Rally Health Survey and select 6 Missions to maintain during the ***Be Active! Challenge*** activity period. Check in to the selected Rally Missions at MyUHC.com and report progress toward Mission goals on any 28 days during the ***Be Active! Challenge*** activity period. On the Calendar Voucher record each date you check in at MyUHC.com and report on progress toward Mission goals, per the requirements in 3) below.
- C. **Alternative Activity Plan.** Contact Human Resources at 704-370-6299 to submit a request for an alternative activity plan that will enable completion of the Calendar Voucher requirements. Recommendations of the employee's personal physician will be accommodated.

Completed Calendar Vouchers must be submitted to Human Resources no later than May 25, 2018. To submit the completed Calendar Voucher:

- Scan and email the completed Calendar Voucher as an attachment only (not in the body of the email) to klverney@charlottediocese.org.
- Fax the completed Calendar Voucher to Human Resources at 704-370-3223.
- Mail the completed Calendar Voucher to:

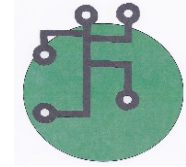
Diocese of Charlotte
Human Resources Calendar Voucher
1123 S. Church Street
Charlotte, NC 28203

Mailed Calendar Vouchers must be postmarked no later than May 25, 2018 to qualify for the Prize Drawing.

- 3) To be considered complete, the Calendar Voucher must contain all of the following:
 - In the spaces provided on the Voucher, the printed name of the participating employee, the participating employee's signature, and the employee's printed diocesan work location.
 - Depending upon the Activity Plan selected—A, B, or C—a record on the Voucher of 28 days of completed activity. For each of the 28 days: **the date** the activity was completed and the Activity Plan name "5000 Steps", "Missions", or "Alternative Plan" **circled**.
 - Calendar Vouchers indicating higher levels of activity than the daily requirement for fewer than 28 days of activity will not be considered complete Calendar Vouchers, and therefore not accepted.
 - Incomplete Calendar Vouchers will not be returned. No notice will be provided to the participating employee whether or not the submitted Calendar Voucher complies with these Official Rules.
- 4) Additional copies of these Official Rules, the **Workplace Athlete** Step Equivalents, and the Calendar Voucher are available from Human Resources at 704-370-6299.
- 5) **ENTRANT:** An employee who is entered in the Prize Drawing is called an "Entrant". By entering the Prize Drawing the Entrant agrees to these Official Rules. Only employees will be eligible to enter the Prize Drawing, and no employee may enter the Prize Drawing more than once.
- 6) **To opt out of the Prize Drawing**, the participating employee will check the box indicating "I opt out of the Prize Drawing" that appears at the bottom right corner of the completed Calendar Voucher submitted for the **Be Active! Challenge** per these Official Rules.
- 7) **PRIZE DRAWING WINNER SELECTION:** Beginning Monday, June 4, 2018 names will be randomly drawn from a list of all Entrants who successfully submitted a completed Calendar Voucher as described in these Official Rules. No winner may win more than one prize. The drawing will continue until all prizes are awarded and accepted.
- 8) **ODDS OF WINNING:** The odds of winning a prize depend upon the number of Entrants who complete the requirements to become an Entrant as specified in these Official Rules. Prizes will be limited to: **two (2)-\$500 Gift Cards; three (3)-\$250 Gift Cards; four (4)-\$100 Gift Cards; eight (8)-\$50 Gift Cards. Total number of prizes awarded: 17 Gift Cards awarded; total collective value of prizes awarded = \$2,550.00.**
- 9) **WINNER NOTIFICATION AND ACCEPTANCE:** Winners will be notified by regular mail via the home address on file in payroll. Winners are responsible to ensure the address in payroll is complete and accurate. If you win, you may choose not to accept your prize, but you cannot select another person to win in your place. Substitution of prizes is not allowed. Winners are solely responsible for payment of any taxes on prizes, and should consult with their tax advisor concerning tax obligations. Prizes not claimed by eligible winners within 30 days from notification will be considered declined.

Be Active! Challenge Calendar Voucher

Activity Period: March 25, 2018 – May 19, 2018



Workplace Athlete

Employee Name: _____
Please print

Employee Signature: _____

Work Location: _____
Please print

Date:	Date:	Date:	Date:	Date:	Date:	Date:
5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps
Missions	Missions	Missions	Missions	Missions	Missions	Missions
Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan
Date:	Date:	Date:	Date:	Date:	Date:	Date:
5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps
Missions	Missions	Missions	Missions	Missions	Missions	Missions
Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan
Date:	Date:	Date:	Date:	Date:	Date:	Date:
5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps
Missions	Missions	Missions	Missions	Missions	Missions	Missions
Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan
Date:	Date:	Date:	Date:	Date:	Date:	Date:
5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps	5000 Steps
Missions	Missions	Missions	Missions	Missions	Missions	Missions
Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan	Alternative Plan

Calendar Voucher Requirements (vouchers with missing information will not be accepted):

Record and sign your name, and record your work location.

Record the date and circle the name of your selected Activity Plan for each of the 28 days to complete the Calendar Voucher.

Calendar Vouchers indicating higher levels of activity than the daily requirement for fewer than 28 days of activity will not be considered complete Calendar Vouchers, and therefore not accepted.

A NOTICE REGARDING ***Wellness ♥ Works***

Wellness ♥ Works is a voluntary wellness plan available to all employees. The plan is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in ***Wellness ♥ Works***, depending upon the incentive offered, you may be asked to complete a voluntary, online health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors that may indicate whether you might have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA.

Incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 704-370-6299.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although ***Wellness ♥ Works*** and the Catholic Diocese of Charlotte may use aggregate information it collects to design a program based on identified health risks in the workplace, ***Wellness ♥ Works*** will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in ***Wellness ♥ Works***, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with ***Wellness ♥ Works*** will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to ***Wellness ♥ Works***, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in ***Wellness ♥ Works*** or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of ***Wellness ♥ Works*** will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health care providers and the plan administrator in order to provide you with services under ***Wellness ♥ Works***.

In addition, all medical information obtained through ***Wellness ♥ Works*** will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of ***Wellness ♥ Works*** will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with ***Wellness ♥ Works***, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in ***Wellness ♥ Works***, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 704-370-6299.