

August 19, 2009

TO: All CESA 8 Employees

FROM: CESA 8 Wellness Committee (Glenn Bowers, Jennie Dirks, Joelle Fisher, Jessica Kaczmarek, Sue Schuettpeiz)

CESA 8 has received \$3,500 for a grant to promote wellness to all our employees. This money will be used as an incentive to help pay for the expense of employees getting routine medical tests. These are tests that many employees should get on a regular basis dependent on their age, sex, and health.

1. Employees will be paid the amount listed below for the following tests:
 - a. Physical Examination - \$20
 - b. Cholesterol Screening (complete lipid panel) - \$10
 - c. Diabetes Check - \$5
 - d. Colonoscopy - \$5
 - e. Prostrate Exam with PSA (male only) - \$5
 - f. Mammogram (female only) - \$5
 - g. Pap Test (female only) - \$5

2. Policies and Procedures
 - a. This program is available to all employees even if you are not covered by the CESA 8 health insurance plan.
 - b. This program is **NOT** available to spouses and dependents.
 - c. This program starts **August 18, 2009** and will continue until all funds have been expended.
 - d. An employee can only be paid once for each of the tests out of this grant.

3. Proof that the medical tests have been completed needs to be provided to CESA 8 before payment will be made. Any of the following will be accepted for proof:
 - a. Signed statement on letterhead or prescription pad from doctor and/or clinic.
 - b. Copy of the bill from the doctor or clinic.
 - c. Copy of the completed form attached to this letter.

4. Money will be paid out of the grant on a first-come, first serve basis.
 - a. First come will be determined by when requests reach the CESA 8 office, not when the tests were done.
 - b. Amount of money available in the grant will be posted on the CESA 8 website.

WELLNESS GRANT

REQUEST FOR RE-IMBURSEMENT FOR MEDICAL TESTS

The wellness grant will reimburse employees for having the following tests; Physical Examination (\$20), Cholesterol Screen with complete Lipid Panel (\$10), Diabetes Check (\$5), Colonoscopy (\$5), Prostate Exam with PSA (\$5), Mammogram (\$5) and Pap Test (5).

Please complete the following form, have your doctor or clinic sign or stamp it and turn it into the CESA 8 office.

Name of CESA 8 Employee _____

This is to verify that the above named employee has completed the following tests after August 18, 2009.

Please list all the tests:

Signature of Doctor or clinic representative _____

DATE: _____

FOR CESA 8 OFFICE USE ONLY

Date received: _____

Signature: _____