

**ALL POINTS MUST BE SUBMITTED BY JUNE 30, 2015!**



# City of Milwaukee Healthy Rewards Program Points Submission



Directions:

Click in each box and type all appropriate information.

For fax submissions, print this completed document and use as the cover sheet of your submission.

**Date\*:**

**Total Pages\* (including cover sheet):**

**To:** City of Milwaukee Healthy Rewards Program- Points Entry

**E-mail:** cityofmke@froedtert.com

**Fax: 262-253-5152**

**Phone:** 414-777-3410

**Participant Name\*:**

**People Soft ID\*:**

*Note: Add "sp" to the end of the employee's People Soft ID if you are a spouse or domestic partner*

**Telephone\*:**

**Fax:**

**E-mail\*:**

**Documents attached (Check all that apply):**

**Visually verified  
(office use only):**

PCP Release Form

Preventative/Wellness Exam      **Total:**

Dental Exam

Flu Shot

MYUHC.com Sign Up Form

Market Box/CSA

Physical Activity Proof      **Total:**

**\* All areas marked with (\*) on this form must be filled out in order for your participation to be tracked. Failure to fill out all appropriate sections will result in discarded forms.**