



Healthy Rewards Financial Wellness Consultation (non-Voya) Form

All sections of this form (including organization/agency name, representative signature, title and phone/email) must be completed for Healthy Rewards points to be approved and awarded.

Employee/Spouse Name: _____
(First Name, Last Name)

Employee/PeopleSoft ID: _____
(Spouse add SP after employee's ID number)

Employee Contact Information: _____
(Email or Phone)

**** Required Section – All fields must be completed to earn Healthy Reward points****

Name of Organization/Agency: _____ **Date:** _____

Organization/Agency Address: _____

To be completed by agency/organization representative

Representative Signature: _____

Representative Name & Title (Please Print): _____

Representative Phone and Email for Verification: _____

Submit completed and signed financial wellness consultation verification form via the wellness portal: www.workforcehealth.org/cityofmilwaukee