



Making Wellness Work

City of Concord Wellness Program

2020-2021 Wellness Registration Form

Participant Name: _____ **Department:** _____
(Please Print Clearly)

I am: an Employee a Spouse **

** If you are the spouse of an employee, please write in Employee's Name _____

In order to participate in the City's Wellflex (Wellness) Program, I understand that the City's health insurance carriers may share a limited amount of information on my participation in their Wellness Programs. I understand that no confidential medical information will be shared. The information that the health insurance carriers may share with the City is:

- The date(s) I have completed a health education course(s), but not the name of the course(s).
- The date(s) I have completed exercise activity.
- The health screening(s) I participated in but not the results of the screening(s). The health care vendor will provide a summary of the entire group's statistics, but no personally identifiable data.

I hereby release the City of Concord, its employees and agents, from any and all responsibilities and claims arising out of any injuries or damages I may suffer as a result of my participation in the City's Wellflex Program. I understand that participation in the City's Wellflex program is strictly voluntary and therefore at my own risk.

This registration form is effective from May 1, 2020 to April 30, 2021.

REQUIRED: Please provide an email address for receipt of electronic information regarding your wellness participation status (progress reports).

Email Address : _____ (Work or Home)

Signature: _____ Date: _____

You are encouraged to review the Wellness Program Description located on the Wellness page of the Human Resources page on www.concordnh.gov.

Do you have any suggestions or ideas for topics on wellness programs?