

STOP—PLEASE COMPLETE

Instructor/Staff Information

(Please Print)
Be sure to have each individual signing this booklet fill out the following information.

Note: This information must be completed for your cash incentive to be processed.

1. Fitness Facility: _____
Instructor: _____
Type of Program: _____
Phone Number: _____
2. Fitness Facility: _____
Instructor: _____
Type of Program: _____
Phone Number: _____
3. Fitness Facility: _____
Instructor: _____
Type of Program: _____
Phone Number: _____
4. Fitness Facility: _____
Instructor: _____
Type of Program: _____
Phone Number: _____

City of Concord Fitness Incentive Program

We must receive your answers to these questions before we process your cash incentive. We appreciate your feedback and cooperation!

1. How often do you do a minimum of 30 minutes of cardiovascular exercise and/or strength training?
a. 0 – 2 times per week
b. 3 – 4 times per week
c. 5+ times per week

2. Did the City of Concord Fitness Incentive Program motivate you to:
a. Initiate a routine exercise program?
b. Continue with a pre-existing program?

3. What personal and physiological benefits have you experienced with regular exercise? (Circle all that apply.)

- a. Weight loss
- b. Lower blood pressure
- c. Lower cholesterol
- d. Decreased stress
- e. Improved self-esteem
- f. Other

4. How important a role do wellness programs, such as the Fitness Incentive Program, play in your decision regarding insurance providers?

5. How satisfied are you with the City of Concord Fitness Incentive Program?
Not important 1 2 3 4 5 6 7 8 9 10 Very Important

6. What else can Harvard Pilgrim Health Care and/or the City of Concord do to help you maintain your exercise activities?
Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

7. Comments: _____

Date: _____
Thank you for completing this survey!

Program Guidelines

The City of Concord Fitness Incentive Program for Harvard Pilgrim Health Care-insured members provides the opportunity for you and your City-insured spouse to improve your health by exercising consistently. To participate, just follow these steps:

- Choose an approved cardiovascular/strength-training activity provided by a **qualified fitness facility**. Approved activities include: jazzercise, aerobics, karate, tennis, racquetball, cardiovascular and pulmonary rehabilitation, yoga, and cardiovascular workouts (e.g. treadmill, rowing machine, bicycle, etc.) Golf and downhill skiing are not approved activities. *Note:* The City's walking program is an approved "on-site" activity, provided you are working out during non-work hours (i.e. lunchtime) and you are walking with a "buddy" beginning and ending at City buildings.
- Call the HR Department at 225-8535 to verify that your program is provided at a qualified fitness facility.
- Enter each workout in this log book. Your fitness instructor, facility staff member, or City site advocate must initial each entry.
- Work out 10 times per month for six consecutive months and earn \$150. **If you miss a month, you will need to start your six consecutive months again.**
- Work out 10 times per month for an additional six months and earn a second \$150.
- You and your city-insured spouse are eligible to participate in this program.
- Once you have completed six consecutive months of exercise at a qualified facility, fill out the evaluation on the back page.
- Complete the instructor/staff information on the previous page.
- **Submit your completed log book to the City of Concord HR Department.** Checks will be processed once per month on the 15th of the month. If you are an employee, your incentive check will be distributed to you via interoffice delivery. If you are a retiree, or a spouse, your incentive check will be mailed to your home address.

NOTE:

- *Only one workout per day is allowed.
- *Logbooks must be submitted **within 30 days of completion**.
- * Exercise periods must be at least 20 minutes long.
- *All full-time employees, and city-insured retirees, are eligible
- * City-insured spouses are also eligible.
- *You must be enrolled in the City's Wellness Program.

Month/Year: _____

Date Activity Total Activity Staff Initials Time

1	Step Class	45 Mins	RSP
2			
3			
4			
5	Swimming	30 Mins	MAD
6			
7	Aerobics	30 Mins	PTD
8	Free Weights	50 Mins	KLP
9			
10	Treadmill	32 Mins	RSP
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14			
15			

SAMPLE

Month/Year: _____

Date Activity Total Activity Staff Initials Time

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Month/Year: _____

Date **Activity** **Total Activity Time** **Staff Initials**

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Month/Year: _____

Date **Activity** **Total Activity Time** **Staff Initials**

16	Stair Climber	45 Mins	RSP
17	Free Weights	35 Mins	RSP
18			
19			
20	Aerobics	30 Mins	RSP
21			
22			
23	Aqua Aerobics	1 Hour	RSP
24			
25			
26			
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29	Racquetball	50 Mins	KLP
30			
31			

SAMPLE

For Internal Use—Authorized Signature _____

Month/Year: _____

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For Internal Use—Authorized Signature _____

Month/Year: _____

Date	Activity	Total Activity Time	Staff Initials
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For Internal Use—Authorized Signature _____

Month/Year: _____

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For Internal Use—Authorized Signature _____

Month/Year: _____

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For Internal Use—Authorized Signature _____

Month/Year: _____

Date Activity Total Activity Time Staff Initials

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For Internal Use—Authorized Signature _____

Month/Year: _____

Date Activity Total Activity Time Staff Initials

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For Internal Use—Authorized Signature _____