



# City of Saint Peter Passport

NAME

DEPARTMENT

--	--

EMAIL ADDRESS

OFFICE PHONE

--	--

## PARTICIPATION GUIDELINES

PRACTICE WELLNESS THROUGHOUT THE YEAR WITH THE CITY OF SAINT PETER WELLNESS PASSPORT. PARTICIPATE IN WELLNESS ACTIVITIES AND EARN REIMBURSEMENT DOLLARS TOWARDS FITNESS TRACKERS, SHOES, FITNESS EQUIPMENT, EARPHONES. STATE PARK PASSES, FISHING AND HUNTING LICENCES, REGISTRATION FEES FOR CLASSES (CAN INCLUDE FINANCIAL, STRESS, FITNESS, SLEEP AND HEALTHY EATING), WALK OR RUNNING EVENTS.

**THE PASSPORT PROGRAM WILL PROVIDE UP TO \$125 FOR REIMBURSEMENT.**

## REIMBURSEMENT GUIDELINES

- Participants must provide proof of participation for any activities or programs they participate in .
- The items being requested for reimbursement must relate to health and wellness.
- **Items must be purchased between January 1, 2024 and December 1, 2024. Requests must be submitted by December 4, 2024.**
- Requests for rebate funds shall be sent to Public Works (Angie Glassel) for approval. Payment will be made on a quarterly basis. Payroll and taxes will apply.

***The Passport Program was made possible SCSC through funding provided by the SCSC Wellness Program, which is offered by the South Central Service Cooperative.***

Participation Tracker

Proof of participation will need to be shown. Sign-in sheets will be available for staff training/education sessions.

Activity Description	Participated? (Check off when complete)	Date	Dollars Earned
Attend All Staff Training		April 9, 2024	\$10.00
Participate in Water Challenge	Turn in Water Challenge sheet, showing you drank 64oz or more water for 16 or more days in August.	August 2024	\$25.00
Participate in Step Challenge	Turn in Step Challenge sheet by June 7 <sup>th</sup> , with 7,000 or more steps for 20 or more days for the month of May.	May 2024	\$25.00
Attend Education Session: Know Your Numbers(what is A1C,LDL,HDL, total cholesterol, and others and how can you change your numbers for the better)		Lunch and Learn on June 4 <sup>th</sup> , 2024. Hy-Vee Dietitian April Graff will present,	\$15.00
Annual Physical or biometric screening		Provide Proof from a provider by December 1, 2024.	\$25.00
Participate in the Get Outdoors Challenge	Turn in Outdoor Challenge by November 8 <sup>th</sup> with 16 or more on the items completed.	May – October 31, 2024	\$25.00
Get your flu shot		Provide proof of vaccination If you participate in the City flu shoot clinic Late Sep/Early Oct there will be a sign-up sheet.	\$15.00
Attend education session		Attend a Lunch and Learn, other than the Know your numbers on June 4 <sup>th</sup> or if you take a class/education on your own show proof.	\$10.00
Sign-up for the Virgin Pulse App		Show App on device at All Staff Training on April 9, 2024 or download at the All Staff Training, will walk everyone through step at the All Staff Training.	\$25.00
Sign-Up for Life Time Digital		Show App on phone or screen shot from computer on or before December 1, 2024	\$15.00

Proof of participation will need to be shown. Sign-in sheets will be available for staff training/education sessions.

Activity Description	Participated? (Check off when complete)	Date	Dollars Earned
Dental Checkup/Cleaning		Show Proof from Provider, <b>on or before December 1, 2024</b>	\$15.00
Eye Exam		Show Proof from Provider, <b>on or before December 1, 2024</b>	\$20.00
Give Blood		Show Proof from Provider, <b>on or before December 1, 2024</b>	\$20.00
Fruit and Veggie Challenge	Turn in Good Eats Chart with 13 or more items checked off by November 8, 2024.	<b>June -October 31, 2024</b>	\$15.00

Wellness Passport  
2024

I, the undersigned employee of the City of Saint Peter, hereby state that I meet the guidelines of the program as outlined above and that I will personally utilize the purchased items to promote and/or further my own health and wellness.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Number

Detailed receipt attached? Yes

No

Amount Earned \$

Item Description: \_\_\_\_\_

Store/Vendor \_\_\_\_\_

Office Use Only

Payment approved by Wellness Committee: \_\_\_\_\_

Initial and Date

Rebate payment processed on \_\_\_\_\_

Sent to Finance (acct # 101.41520.205) \_\_\_\_\_

Amount: Pay Code #77

Recorded on Employee Reimbursement Spreadsheet: