



# Oak Harbor Freight Lines Annual Wellness Incentive Bonus Program

Dear Oak Harbor Team Member:

To promote health awareness and reward those who have completed routine annual health exams, we offer a \$50 Extra Incentive Bonus to be paid via payroll. All you need to do is complete an annual Preventive Health Exam and Diagnostic Blood Exam.

- Spouses currently enrolled on one of our medical plans are eligible for the bonus too. That's \$50 for you and \$50 for your spouse!
- Only Full Time Employees currently enrolled in medical benefits are eligible.
- Participation in our Wellness Incentive Program is voluntary.
- **This is an annual incentive program; you can only receive the bonus once per calendar year for yourself and/or your spouse.**

## How Does It Work?

**Step 1:** Employees must complete an annual Preventive Health Exam and Diagnostic Blood Exam.

**Step 2:** Your Physician must complete the Physician Certification Form confirming that the requirements have been completed. If you've already completed your annual physical, just fax or give your health care provider the Physician Certification Form to fill out and return.

**Step 3:** Log into [www.dayforcehcm.com](http://www.dayforcehcm.com) with your employee account information, navigate to Forms and click on the **Wellness Incentive Bonus Request** option. Upload the completed Physician Certification Form and click on Submit. This goes direct to Payroll and will be paid on the next upcoming pay date\*, shown on your pay statement as 'Wellness Incentive'.

**Step 4 (if applicable):** If your Spouse is enrolled in one of the OAKH medical plans, they must also complete a Preventive Health Exam and Diagnostic Blood Exam this year and their Physician Collection Form also must be uploaded through your Dayforce (following the same process in Step 3).

\*If submitted 1<sup>st</sup> – 15<sup>th</sup> of the month, the bonus will be paid on the 22<sup>nd</sup> pay date.

If submitted 16<sup>th</sup> – last day of the month, the bonus will be paid on the 7<sup>th</sup> pay date.



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## Physician Certification Form

Employee Name \_\_\_\_\_ EE # \_\_\_\_\_

Please Check One Option:

\_\_\_\_\_ I am the Employee listed above

\_\_\_\_\_ I am the Spouse of Employee listed above

If Spouse; List Spouse Name \_\_\_\_\_

Please ask your Physician to complete this form and confirm that you have satisfied the requirements to qualify for the Oak Harbor Wellness Incentive.

Physician Name \_\_\_\_\_

Physician/Clinic Phone \_\_\_\_\_

Date of Participant's Preventive Health Exam \_\_\_\_\_

Date of Participant's Diagnostic Blood Exam \_\_\_\_\_

I certify that the above-named Participant completed a preventive health exam and diagnostic blood exam on the dates indicated.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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