



# 2025 WELLNESS PROGRAM

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## Learn About Your Wellness Program and Incentives.

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Welcome to the SIP Vegetation MGMT Intermediate Holdings LLC Wellness Program. Participate in your Wellness Program this year to earn up to an additional \$500 per year/\$125 per quarter in your HSA account. Further details regarding the incentive are included on page 2.

# 2025 PROGRAM REQUIREMENTS

## STEP 1

### PROOF OF ANNUAL PHYSICAL FORM

**DEADLINE:**  
**JUNE 1, 2025**

Complete an annual physical exam with your physician between **JANUARY 1, 2024** and **JUNE 1, 2025**. Take this packet with you to your appointment and have your doctor complete and sign the Proof of Annual Physical Form. It is the **participant's responsibility** to return the form as part of the completed packet by **JUNE 1, 2025**.

- **Have you already received your annual physical within the above timeframe?** Take or send the Proof of Annual Physical Form to your physician's office to have it signed and completed.

If you **do not** have a doctor, you can select a doctor within the SIP Vegetation MGMT Intermediate Holdings LLC health benefit plan network. If you need assistance in finding a physician, please go to [www.anthem.com](http://www.anthem.com). Little clinics and minute clinics do not qualify as Primary Care Visit completion.

## STEP 2

### SUBMIT YOUR COMPLETED FORM

**DEADLINE:**  
**JUNE 1, 2025**

For submission methods, please refer to page 6 of this guide.

**PLEASE NOTE:** Submission via Wellness Portal or Wellworks For You Mobile App, will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your Wellness Portal or Wellworks For You Mobile App to confirm your form was processed.

## ELIGIBILITY REQUIREMENTS

Employees enrolled in the 6500 HSA Plan can complete steps 1-2 above by June 1, 2025. If you complete an annual physical, your employer will contribute up to an additional \$500 per year to your account to help cover expenses. \$125 will be added to your account each quarter. You must submit an attestation form by June 1, signed by your doctor, confirming you have completed an annual exam. Attestations may include physicals received in 2024. Your account with Chard Snyder must be open, in order to receive this.

Your new program details are outlined in this guide.



### IMPORTANT! New Hire Requirements

- New Hires hired **April 1, 2025 or after** will be grandfathered into the incentive for the remainder of the year. However, must complete the program the following year to continue earning.

# WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the SIP Vegetation MGMT Intermediate Holdings LLC Portal. Please follow the steps below to log into your Wellworks For You account or create an account if you do not have one. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

## LOG INTO THE WELLNESS PORTAL

Your account has been created for you.

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)

EMPLOYEE	
<b>Username Format</b>	<b>SIP_ First Name + Last Name + Year of Birth (YYYY)</b>
<b>Password Format</b>	<b>Birthdate in MMDDYYYY</b>
<b>Example</b>	<b>UN: SIP_JohnDoe1995</b> <b>PW: 02121995</b>

2. Accept the terms of the Consent Form
3. Fill in the required information

### \*PLEASE NOTE:

The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

## RETRIEVE YOUR PASSWORD OR USERNAME, OR REGISTER AS A NEW USER

### FORGOT YOUR USERNAME OR PASSWORD?

1. Click the link **Forgot Username** or **Forgot Password**
2. Follow the instructions to retrieve your username or reset your password
3. If issues persist, please contact Wellworks For You at **800.425.4657**

# PROOF OF ANNUAL PHYSICAL FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Proof of Annual Physical Form as part of the wellness program to be returned to Wellworks For You as outlined below by **JUNE 1, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

## PATIENT CONTACT INFORMATION

COMPANY NAME: SIP Vegetation MGMT Intermediate Holdings LLC

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ☐ MALE ☐ FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

This **Proof of Annual Physical Form** confirms that the patient named above received an annual physical exam between **JANUARY 1, 2024** and **JUNE 1, 2025**. The primary care physician needs to sign below and return the completed form to the patient named above.

### Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORM BY JUNE 1, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed form via QR code in one (1) of the following ways.

- **Mobile App:** Go to the **Wellness Locker** and select the **Physician Results Form** during your visit. Choose **Complete Form Online** to access the secure QR Code link for your provider. Upon submission, you will receive automatic participation credit.
- **Web Portal:** Go to the **Wellness Locker**, then print the **Physician Results Form** and the **QR Code** page. Have your provider scan the QR Code from your device to complete the submission. You will receive automatic participation credit upon submission.

**PLEASE NOTE:** If you use any other submission method, Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.

FOR **ALTERNATIVE SUBMISSION METHODS**, PLEASE REFER TO PAGE FIVE (5) OF THIS PROGRAM GUIDE.



# FORM UPLOAD INSTRUCTIONS

## SUBMIT YOUR COMPLETED FORM BY JUNE 1, 2025

Submit your form on the **Web Portal** or **Mobile App** to receive credit.

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

### QR CODE SUBMISSION METHOD

#### AUTOMATIC PARTICIPATION VIA QR CODE:

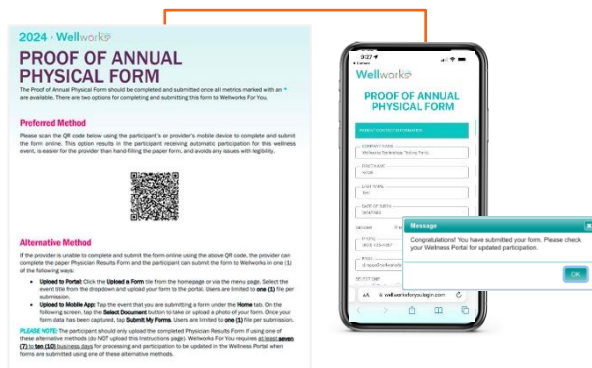
Our new QR Code technology instantly allows providers to submit results in real-time via a secure QR Code link.

##### Mobile App:

1. Log into your **Wellworks For You Mobile App** and go to the **Wellness Locker**.
2. Select the **Proof of Annual Physical Form** during your visit.
3. Choose **Complete Form Online** to access the secure QR Code link for your provider.
4. Upon submission, you will receive automatic participation credit.

##### Web Portal:

1. Log into your **Wellness Portal** and go to the **Wellness Locker**.
2. Print the **Proof of Annual Physical Form** and the QR Code page.
3. Have your provider scan the QR Code from your device to complete the submission.
4. You will receive automatic participation credit upon submission.



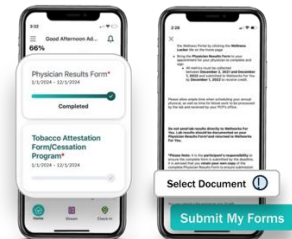
### ALTERNATIVE SUBMISSION METHODS

#### UPLOAD TO THE WEB PORTAL:



Click the **Upload a Form** tile from the homepage or via the menu page select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.

#### UPLOAD VIA THE MOBILE APP:



Take a photo of your form using your Smartphone. Next, upload it to the Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?** Users are limited to **one (1)** file per submission.

#### PLEASE NOTE:

Wellworks For You **requires at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

It is the participant's responsibility to submit their forms as part of the Wellness Program to be returned to Wellworks For You. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

QR codes are unique to each participant and cannot be shared.

If all required metrics are not available at your appointment, use the paper-based form or request your provider to submit the form online after receiving the metrics.

# THE FINE PRINT

The SIP Vegetation MGMT Intermediate Holdings LLC wellness program is a voluntary wellness program available to all employees enrolled in the 6500 HSA plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a Proof of Annual Physical Form. You are not required to participate in the blood test or other medical examinations. However, eligible employees who choose to participate in the wellness program will receive an incentive of up to an additional \$500 per year/\$125 per quarter in your HSA account for completing and submitting a Proof of Annual Physical Form by June 1, 2025.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Wellworks For You at 800-425-4657.

The information from your results will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SIP Vegetation MGMT Intermediate Holdings LLC may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

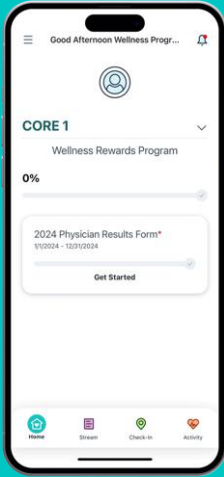
Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the Wellworks For You team in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

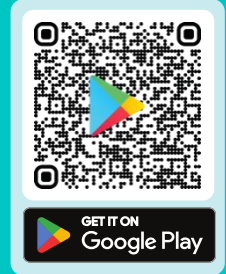
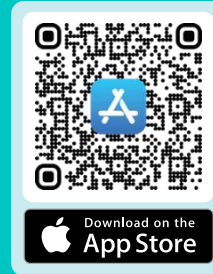
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Wellworks For You at 800-425-4657.

# RESOURCES



## Download the Mobile App

Access your Wellness Program guide and forms, confirm participation and completion of requirements. Need to submit forms or get in touch with our wellness team? It's all streamlined through the app, ensuring you have everything you need to stay on top of your wellness goals right at your fingertips.



## CONTACT YOUR WELLNESS TEAM

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your **Wellness Team** via your **Wellness Portal**.



## CONTACT US

Simply select **Contact Us** from the Portal homepage or Wellworks For You Mobile App. You can also call Wellworks For You at **800.425.4657**.

