


MTW Steps

Employee Last Name	Employee First Name	Initial	Spouse Name	Department		
<p>Annual Physical Exam</p>					Employee Signature	Date of Physical
					Spouse Signature (Employee may sign)	Date of Physical
<p>Age Appropriate Screening (i.e. bloodwork, mammogram, colonoscopy, etc.) <u>Bloodwork must include testing for glucose, triglycerides, HDL, LDL and total cholesterol.</u></p>					Employee Signature	Date of Screening
					Spouse Signature (Employee may sign)	Date of Screening
<p>Tobacco/Nicotine Affidavit Statement</p> 					<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I do not currently smoke or use tobacco /nicotine products and haven't for the past 4 months, and I am not currently enrolled in the City's Tobacco Cessation program.	
					<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am a tobacco/nicotine user and would like to participate in the City's Tobacco Cessation program. (PROOF OF COMPLETION REQUIRED)	
					<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am a tobacco/nicotine user and do not want to participate in the City's Tobacco Cessation program, and I understand I will incur a surcharge of \$40 bi-weekly.	
					<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am currently enrolled in the City's Tobacco Cessation program and wish to continue in the program. (PROOF OF COMPLETION REQUIRED)	
					Employee Signature	Date
					Spouse Signature (Employee may sign)	Date

(See reverse side for instructions)



Each employee and spouse will be asked to complete the following 3-step program between January 1, 2021 - November 19, 2021. It will be recommended that those who fully complete all the Moving Toward Wellness Steps receive additional funds into his/her HSA account for 2022. Employees who choose not to participate in the program will only be eligible for the basic City contribution for the 2022 plan year.

This 3-step program should be completed between January 1, 2021 - November 19, 2021

Exam - Complete an annual preventive care physical examination with the doctor of your choice or at the MEHC.

Age-appropriate screening - Complete one age-appropriate health screening as recommended by your physician such as: mammogram, colonoscopy, prostate exam, cancer screening, EKG, or preventative bloodwork. **Bloodwork must include testing for glucose, triglycerides, HDL, LDL and total cholesterol. Any bloodwork outside of these tests will be subject to calendar year deductible.** Exams vary by age and recommendation of your provider.

Tobacco Affidavit - Complete the tobacco/nicotine affidavit statement certifying whether you use tobacco or not. Please note: **(Tobacco/nicotine users will need to complete the 3-step program PLUS the tobacco cessation program to gain full Moving Toward Wellness program credit.)**

My signature(s) on this form affirms that all information provided is true and correct to the best of my knowledge. I understand that any misrepresentation of information on this form may result in disciplinary action. I authorize the City of Mesquite to contact my physician/provider/instructor to verify the accuracy of the information I provided on this form. This authorization does not include a release of any protected health information or test results.

