

City of De Pere  
Wellness Incentive Program  
Activity/Screening Completion Form



Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email (optional): \_\_\_\_\_

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**Annual Preventive Care**

Eye Exam Date of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Signature: \_\_\_\_\_

PSA Date of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Signature: \_\_\_\_\_

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**Wellness Champion**

Provide a summary with at least 5 examples of what you did to promote wellness.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**To upload your Activity/Screening Completion Form:**

1. Either scan your form to a PDF or take a photo of it *(Max. Size: 2 MB; supported file types: PDF, PNG, GIF, JPG, ZIP)*
2. Log into your Healics account at [www.myhealics.com](http://www.myhealics.com) (reminder Company ID is **CityDePere**; your ID is your legal first and last name, no spaces). **Do NOT upload anyone's forms but your own when logged into your dashboard.**
3. Click on the **"Upload Center"** tab from the top menu bar.
4. Choose your file, select **"Wellness Program Points"** as the document type, and enter notes such as "2023 annual physical form" then click on upload.
  - Healics will verify documentation submitted; please allow 1 -2 business days.
  - You can verify form receipt by logging into your Healics account. Once the document has been verified, you will see your points awarded under the reward tab.



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