

EssentialLiving Wellness Program Agreement

Choosing to be part of the Essent Healthcare EssentialLiving wellness program means you agree to the following statements based on the tier level you participate in each month during the 2010 plan year:

- 1) **Health Risk Assessment (HRA)** – I will complete the online HRA through www.essentiallivingwellness.com (required prior to the beginning of each year or within 3 months of election to participate in the gold, silver, or bronze levels)
- 2) **Blood & biometrics screening** – I will participate in the blood and biometrics screening, performed at my facility at a designated time & date determined by HR and my wellness committee (required prior to the beginning of the 2010 plan year or within 3 months of election to participate in the gold or silver levels).
- 3) **Wellness exam** – I will have an annual preventive exam (well-woman, well-man or routine physical), confirmed by an explanation of benefits (EOB) or physician certification form. I agree to have the exam between December 1, 2009 and November 30, 2010, and submit proof of the exam to Human Resources by December 5, 2010 to participate in the gold level.
- 4) **Tobacco-free** – I am tobacco-free **or** agree to complete a tobacco-cessation program within the first quarter of joining the program and be tobacco-free within six months of joining to participate in the gold, silver, or and bronze levels).
- 5) **Activity log** – I agree to participate in some kind of fitness/movement program throughout 2010. I understand this includes a minimum commitment of **20 minutes, either 20 times per month (gold level), 15 times per month (silver level) or 12 times per month (bronze level)**. I will complete and submit a monthly activity log to Human Resources by the 5th day of the following month.
- 6) **Wellness education** – I agree to participate in at least one of the wellness education seminars that Essent offers each quarter in 2010. I agree to meet this quarterly requirement to be eligible for the wellness credit for any months in the quarter to participate in the gold or silver levels.

Note: If it is medically inadvisable or unreasonable due to a medical condition for you to attempt to achieve the standards for the reward under this program, please contact your Human Resources Director and we will work with you to develop another way for you to qualify for the reward.

If you are represented by a collective bargaining agreement, you may or may not be eligible to participate in this program. Check with your Human Resources Department.

Tobacco-free Agreement

- Yes, I am tobacco-free.
- No, I am not tobacco-free, but I agree to complete a tobacco-cessation program within the first quarter of joining the wellness program and be tobacco-free within six months of joining. I agree to notify Human Resources if I do not meet these above standards.

If you choose to be part of the EssentialLiving wellness program, please complete and sign the below agreement.

EssentialLiving Wellness Program Agreement

I agree to the above statements. I understand that my continued participation in the EssentialLiving program is based upon my agreement to the above. I understand that if I do not meet agreement requirements in a given month, I will not receive program benefits (including the wellness credit) for that month. I can resume receiving program benefits the following month by meeting agreement requirements for that month. I also understand I must be a full-time or part-time employee of the hospital (or employee of Essent Healthcare, Inc.) at the time the credit is issued to be eligible to receive the wellness credit. I understand the credit is taxable income and is subject to all statutory taxes.

Employee Name _____

Signature _____ Date _____