

The Hog Slat Frequent Fitness Program

In an effort to provide rewards to those people who work out or exercise in a non-gym setting, Hog Slat offers the Frequent Fitness Program. The Frequent Fitness Program allows wellness program members to log their exercise hours – wherever they occur – and earn a vacation day reward.

Eligibility for this program is based on the following:

- You must be enrolled in the current year's wellness program. That means that you either participated in the onsite wellness screenings or have had your annual physical and self-reported your results.
- Spouses are not eligible for the Frequent Fitness program.
- New hires can participate in this program after they are eligible to earn vacation days.
- New hires hired after May of any calendar year do not need to meet the screening requirement, but must participate in the screenings and physical by July 31st of *the next year* in order to continue fitness program participation.

How to participate:

- Using the attached form, complete your workout information next to each date that you exercise at least 30 minutes, and indicate what activity you did. **YOU MUST COMPLETE THE EXERCISE DURING 20 SEPARATE DAYS.** Longer periods of exercise (for example, two hours) do not reduce the number of days of exercise required. No activity completed as part of normal working activity is considered exercise. The exercise must be above and beyond activity conducted during your work.
- You must complete at least 20, 30 minutes workouts over a consecutive three month period. Once you have met your 20 workout goal, turn in your log at the end of the three months period and receive a vacation day.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Hog Slat HR office and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HOG SLAT WELLNESS FREQUENT FITNESS PROGRAM

Employee/Participant Name: _____ Employee ID: _____ Email: _____

Employee/Participant: Please write what activity you completed by each date that you completed at least 30 minutes of moderate to strenuous exercise during any three consecutive months. You must complete 20 days. If you are unsure if your activity qualifies, please contact wellness@hogslat.com.

MONTH: _____	MONTH: _____	MONTH: _____
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

“By signing this form I am confirming that I completed the number of workouts indicated above. I understand that falsifying this information could result in my removal from the wellness program and the rescinding of any premium reductions I may be receiving. “

 Employee/Participant
 Revised 1/21/16 - DJH

 Date