

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



Participant Name: _____

Date of Birth: _____

Email (optional): _____

Annual Preventive Care

Eye Exam Date of Service: ____ / ____ / ____

Provider Signature: _____

PSA Date of Service: ____ / ____ / ____

Provider Signature: _____

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 (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.



Home Rewards Reports Resources Upload Center



Need Help? If you need assistance accessing your account or have questions about form receipt, email the Healics team at receptionist@healics.com or call 800.432.5427 and they will be happy to assist you!

