

2020 Marathon County Employee Wellness Program New Hire Wellness Participation Form

First Name:		Last Name:		Date of Birth:
Gender: M F		Department:		Employee ID:
Hire Date:		Address:		
City:	State:	Zip Code:	Phone Number:	
Will you be enrolled in the Marathon County Health Insurance in 2020? YES NO				
Email Address:				
<p>Participant Instructions: Complete this form if you wish to participate in the 2020 Employee Wellness Program. You may email or interoffice it to the health coach at health.coach@co.marathon.wi.us or Health Coach, Wellness Center.</p> <ul style="list-style-type: none"> • You must be entered into the wellness portal for access to the Biometrics, Health Assessment, and Health Coaching sessions. The wellness portal can be accessed at www.managewell.com. You must contact the health coach before trying to log in as you will need your unique ID to register. An email is needed for the health coach to send your registration information for the wellness portal. • New Hires have 60 days from hire date to complete the wellness program steps per your new hire handout given at orientation. <p>Please submit to:</p> <ul style="list-style-type: none"> • Mail: Employee Health & Wellness Center, 1100 Lakeview Drive, Wausau, WI 54403 • Inter-office Mail: Health Coach, Wellness Center • Fax: 715-847-2928 • E-mail: Health.Coach@co.marathon.wi.us 				

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