

Incentive Program Medical Waiver

If you are unable to participate in the health-related activities which are required for you to earn an incentive under this wellness program, you may qualify for an opportunity to earn the same incentive through an alternative course of action. The information that you provide on this form will be kept confidential and will only be used for determining if you are eligible for a waiver of selected health-contingent activities and if you can complete a reasonable alternative standard in its place.

- ☒ By checking this box, I certify that I am unable to complete the health-related activities that are required to earn the incentive or am working with a medical professional on an alternative program.
- ☒ By checking this box, I certify that I am pregnant and may be exempt from completion of the health-related activities required to earn the incentive.

Employee Name	
Employee Unique ID	
Employee Signature	
Signature Date	

Physician Name	
Physician Address	
Physician Phone	
Physician Signature	
Signature Date	

After form is complete, please upload under the “Complete an Annual Biometric Screening” activity on the Larimer Wellbeing Portal.