



# 2024 WELLNESS PROGRAM



A LINCOLN ELECTRIC COMPANY

## HARRIS PRODUCTS GROUP

Participate in your Wellness Program this year to earn an incentive in 2025.

Wellworks For You



# Welcome to your 2024 Wellness Program!

All medically enrolled employees will have opportunities to participate in various wellness activities to earn an incentive. Your new program requirements are listed below.



## WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the **Harris Products Group Portal**. Please follow the steps below to log into your Wellworks For You account. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

### LOG INTO THE WELLNESS PORTAL

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Your username will be: **LE\_EmployeeID** (includes leading zeroes)
  - Example: LE\_00123456
3. Your temporary password\* will be: **Employee Date of Birth in MMDDYYYY format** (includes leading zeroes; no other spaces, dashes, slashes, or other punctuation)
4. Accept the terms of the Consent Form
5. Fill in the required information.

**\*PLEASE NOTE:** The temporary password is only for the first time you access the Wellness Portal, and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

### FORGOT YOUR USERNAME OR PASSWORD?

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Click the link **Forgot Username** or **Forgot Password**
3. Follow the instructions to retrieve your username or reset your password.
4. If issues persist, please contact Wellworks For You at **800.425.4657**

### DOWNLOAD THE WELLWORKS FOR YOU SMARTPHONE APP TODAY!

The Wellworks For You Portal App includes all of your favorite features from the Portal including programs and events listings, incentive tracking, and more! Simply scan the QR codes to the right or search for **Wellworks For You** in the Play Store or App Store to download the free App.



# PROGRAM REQUIREMENT DESCRIPTIONS



## STEP 1: PHYSICIAN RESULTS FORM

**DEADLINE: SEPTEMBER 30, 2024**

Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the **Physician Results Form** located within the **Wellness Locker**, linked on the homepage or the menu page, and take it to your doctor. All required metrics must be collected between **OCTOBER 1, 2023, and SEPTEMBER 30, 2024**, and submitted to Wellworks For You by **SEPTEMBER 30, 2024** to receive credit. Please allow ample time when scheduling your annual physical, as well as time for blood work to be processed by the lab and received by your PCP's office. Do not send lab results directly to Wellworks For You. Lab results should be documented on your **Physician Results Form** (located in Wellness Locker) and returned to Wellworks For You.

**PLEASE NOTE:** It is the **participant's responsibility** to ensure the completed form is submitted by the deadline. It is advised that you retain your own copy of the completed Physician Results Form to ensure submission to Wellworks For You.



## STEP 2: NICOTINE ATTESTATION FORM/CESSATION PROGRAM

**DEADLINE: SEPTEMBER 30, 2024**

Complete the **Nicotine Attestation Form** and **Nicotine Cessation Program**, if applicable, to receive credit for this step. Whether or not a nicotine user, you must complete and sign the **Nicotine Attestation Form** to certify that you are nicotine-free or a nicotine user.

- **Non-Nicotine Users:** If you certify that you do not use nicotine, you will fulfill this step by completing and submitting the **Nicotine Attestation Form** located on the Wellness Portal within the **Wellness Locker** linked on the homepage or via the menu page.
- **Nicotine Users:** If you certify that you use tobacco, you must complete the **six (6) week Nicotine Cessation e-Learning Series** on the Wellness Portal by **SEPTEMBER 30, 2024**, to complete this step.

### NICOTINE CESSATION E-LEARNING SERIES:

1. Log into your **Wellness Portal**
2. Select the **e-Learning** section from the homepage or via the menu page.
3. Select the **e-LS: Tobacco Cessation** from the Learning Center dashboard.
4. Complete the **Pre-Module Survey**
5. Beginning with **Module 1**, you must watch each video and take the quiz associated with each module. If you do not pass the quiz (a 70% score or higher) you must wait **24 hours** before taking the quiz again.
6. You will be required to wait **one (1) week** in between each module before the next module will open.
7. After you finish **Module 6**, you must complete and submit the **Post-Module Survey**

**PLEASE NOTE:** The Tobacco Cessation program (including all quizzes and surveys) must be completed by **SEPTEMBER 30, 2024**. To ensure that you complete the entire program prior to the deadline, you must begin the program by **AUGUST 5, 2024**.

# INCENTIVES

Employees enrolled in Harris Products Group's medical plan must complete Step 1: Physician Results Form and Step 2: Nicotine Attestation Form/Cessation Program to be eligible for an incentive on **JANUARY 1, 2025**.

## PROGRAM REQUIREMENTS

## INCENTIVES

Step 1: Physician Results Form	\$25 per month Premium Incentive
Step 2: Nicotine Attestation Form/Cessation Program	\$25 per month Premium Incentive

**PLEASE NOTE:** Final determination of the incentive amounts will be made in conjunction with the development of the 2025 incentive package.



# PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **SEPTEMBER 30, 2024**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

**PLEASE NOTE:** Little Clinic and Minute Clinic visits do not qualify as Primary Care Visit completion.

The form you are **filling out will be scanned by a machine**. To ensure that your data is uploaded accurately,

1. Use a high-quality printer to print the form.
  2. Use black ink and fine-point pen.
  3. Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
  4. Do not use fax or xerox copy. Do not fold or crease the form.
- Check the form carefully before submitting.**

## PATIENT CONTACT INFORMATION

COMPANY NAME: Harris Products Group

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

This **Results Form** confirms that the patient named above received the following preventative care between **OCTOBER 1, 2023** and **SEPTEMBER 30, 2024**. The primary care physician needs to complete the information below with an \* in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
TC/HDL Ratio	
*Glucose (fasting)	
HbA1c (if physician recommended)	
Pulse (Heart Rate)	

### Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2024

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

**PLEASE NOTE:** Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.



# NICOTINE ATTESTATION FORM

Whether or not a nicotine user, **every participant is required to complete and sign the below affidavit** to certify that he or she is nicotine-free, OR a nicotine user who will complete the Wellworks For You Tobacco Cessation e-Learning Series (considered a Reasonable Alternative Standard) to qualify for the incentive. It is the **participant's responsibility** to submit the Nicotine Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below, by **SEPTEMBER 30, 2024**.

The form you are filling out will be scanned by a machine. To ensure that your data is uploaded accurately,

1. Use a high-quality printer to print the form.
2. Use black ink and fine-point pen.
3. Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
4. Do not use fax or xerox copy. Do not fold or crease the form.

**Check the form carefully before submitting.**

## CONTACT INFORMATION

COMPANY NAME: Harris Products Group

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## NICOTINE STATUS (PLEASE CHECK ONE)

- I do **not** use nicotine products including cigarettes, cigars, chewing nicotine, as well as electronic nicotine delivery systems such as e-cigs, vaping, or any other nicotine product and promise not to use these products during this benefit year. I understand that I may be subject to nicotine-use testing.
- I currently **use** nicotine products, but will be completing the **Wellworks For You 6-week Tobacco Cessation Learning Series by SEPTEMBER 30, 2024**.
- I currently **use** nicotine products and **will not** be completing a cessation program.  
**NOTE:** You will not qualify for the incentive if you are currently using any form of nicotine, including cigarettes, cigars, e-cigs, and chewing nicotine, in any amount – even occasional social use – and choose not to participate in the Cessation Program as the Reasonable Alternative Standard.

## How to Complete the Nicotine Cessation Learning Series:

You must login to your Wellness Portal account, select the Portal **MENU** option and navigate to the **Learning Center** page and select **Your Guide to Going Tobacco Free Cessation**. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, you must watch each video and then complete the quiz associated with each module. You must pass each quiz with a score of 70% or above to move on to the subsequent Module. Each Module will unlock after exactly one week of passing a Module's quiz. After you complete Module 6, you must complete and save the Post-Module Survey. You must begin this program (including all quizzes and surveys) no later than **AUGUST 5, 2024** to complete the program in its entirety by **SEPTEMBER 30, 2024**.

## PLEASE SIGN BELOW

I understand this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation form is not complete unless I have checked a box in the Nicotine Status section that is relevant to me and have signed and dated the form below.

\_\_\_\_\_  
Signature of Participant (Required)

\_\_\_\_\_  
Date

## SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2024


All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

**PLEASE NOTE:** Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.

# ADDITIONAL INFORMATION

## NOTIFICATIONS INBOX

View your Wellness Program reminders in the **Notifications Inbox** located on the right side of your Wellness Portal homepage. Click on  above the **Notifications Inbox** to view your Wellness Program reminders in detail.

## VIEW DETAILS FOR PROGRAMS, EVENTS, AND ACTIVITIES

Events are listed on your personal Wellness Portal within **My Next Steps**. You can access this via the **My Next Steps** section on the homepage. To view more details about a program component, select **Get Started**. If there are sub-events associated with a component, they will display in the pop-up. Wondering what you have completed to date? The component under **My Next Steps** will be marked as **COMPLETED** in blue once the requirements are met. On the Portal homepage under **My Next Steps**, the status of each component will be displayed next to each program requirement (*Get Started, In Progress, or Completed*).

## VIEW AND DOWNLOAD DOCUMENTS FOR COMPLETION

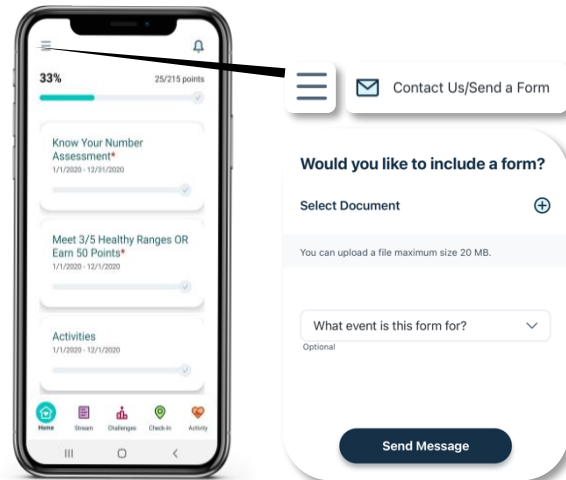
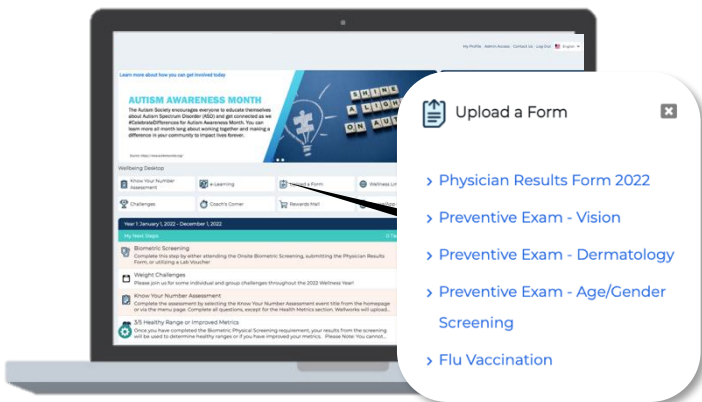
All forms, guides, and applicable documents are located in your Wellness Portal within the Wellness Locker accessed via the Portal **MENU** or homepage section. Download and/or print PDF forms for completion.

## SUBMIT YOUR COMPLETED DOCUMENTS BY SEPTEMBER 30, 2024

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

**Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.

**Upload to Mobile App:** Take a photo of your form using your Smartphone. Next, upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?** Users are limited to **one (1)** file per submission.



**PLEASE NOTE:** Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.



## THE FINE PRINT

The Harris Products Group wellness program is a voluntary wellness program available to all medically enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete an Annual Physical with Lab Work, which will include a lipid panel/glucose blood test and body measurements, and to complete a Nicotine Attestation form to confirm your nicotine status. You are not required to complete these components. However, employees who choose to participate in the wellness program will receive an incentive effective January 1, 2025.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Wellworks For You at 800-425-4657.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

### PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Harris Products Group may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the Wellworks For You team in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Wellworks For You at 800-425-4657.



**WELLNESS  
PORTAL**

**PROGRAM  
REQUIREMENT  
DESCRIPTIONS**

**INCENTIVES**

**ADDITIONAL  
INFORMATION**

**THE FINE PRINT**

**CONTACT US**



# Questions about your Wellness Program?

## CONTACT YOUR WELLNESS TEAM



All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your **Wellness Team** via the Wellworks For You Portal.

Simply select **Contact Us** from the Portal homepage or Wellworks For You mobile app. You can also call Wellworks For You at **800.425.4657**.

### **FOR ADDITIONAL SUPPORT, CHAT WITH US LIVE ON THE WELLNESS PORTAL**

*(not available on the mobile app)*

Our “Chat Live” feature will give you access to chat with one of our helpful representatives during our regular business hours (*Monday to Friday 8:00am EST to 7:00pm EST*) to answer any questions and guide you on a path towards wellness.

