



Program Points Opt Out Form

EMPLOYEE'S SECTION

I understand that Pima County Human Resources – Employee Wellness division may automatically receive confirmation of completion of a preventive exam/screening; a health assessment; and/or participating in wellness programs, events and activities. I hereby wish to **opt out** of receiving points towards the **2022/23 Healthy Lifestyle Premium Discounts** for each of the selected categories below. I verify that the information provided on this form is accurate.

Please select the categories that you would like to opt out of receiving points for. Complete and sign below to verify.

- Preventive Exam/Screening
- Health Assessment
- Wellness Programs, Events & Activities
- Other (*please specify*): _____

Comments:

EIN

EMPLOYEE NAME

EMPLOYEE SIGNATURE / DATE

SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- **Email:** wellness@pima.gov
- **Fax:** (520) 724-8150
- **Mail:** 150 W. Congress, 4th Floor



It is your responsibility to keep a copy of this completed form for your records.