HEALTH 2016!

Exercise 4 days/week, minimum 40 minutes/session

Our most popular program continues in 2016! New Year! New Challenge!

1. Make the commitment to exercise at least 4 days a week for 40 minutes a day (your packet outlines examples of acceptable activities). What better year than 2016 to exercise consistently for 12 months!

2. Complete the registration form found on page 4. Return the completed registration form to the name/address indicated on the bottom of the form. We must receive your registration and PAR-Q/Waiver (both on same form) before you can participate in the program, so do that first!

3. Make 4 copies of the progress chart found on page 5 of your packet. You will need one page for each quarter of the year (3 months). Record your exercise on the progress chart (also called log form). Directions are included.

4. Mail your progress chart at the end of each quarter (3 month period). You can also fax your information to 617-542-6513 or email Mary Harrington at mharrington@mma.org. Make sure both you and your “supporter” (explained in packet) sign your progress chart.

Prizes will be mailed upon receipt of your completed forms!

All employees may participate, but only MIIA/Blue Cross Blue Shield subscribers are eligible for prizes. Enjoy!!
Q. **What is “HEALTH 2016!”?**

**A.** “HEALTH 2016!” is a Massachusetts Interlocal Insurance Association (MIIA) sponsored wellness program designed to encourage and reward active lifestyles. Employees that document regular physical activity will be awarded Well Aware incentive prizes.

Q. **Who is eligible to participate?**

**A.** Anyone can participate. Only MIIA subscribers are eligible to win prizes. You must write your Blue Cross Blue Shield/ MIIA subscriber ID number on the registration form to be entered into the database and be eligible for your prize.

Q. **What type of physical activity is acceptable?**

**A.** Aerobic/cardiovascular or strength training exercise is acceptable. Here are some examples of indoor and outdoor activities that are acceptable:

<table>
<thead>
<tr>
<th>Indoor Aerobic</th>
<th>Outdoor Aerobic</th>
<th>Strength Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>treadmill-walk, jog</td>
<td>walk</td>
<td>free weights, stability ball etc.</td>
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<tr>
<td>volleyball</td>
<td>jog/run</td>
<td>weight machines – Nautilus, Cybex</td>
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<td>mall walking</td>
<td>biking (road or mountain)</td>
<td>home strength training equipment</td>
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<tr>
<td>stationary bike/spin</td>
<td>cross country skiing</td>
<td>push ups, sit ups and pull ups</td>
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<td>nordik trak</td>
<td>downhill skiing</td>
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<tr>
<td>aerobics and other cardio classes</td>
<td>tennis</td>
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<tr>
<td>stairmaster</td>
<td>soccer</td>
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<tr>
<td>exercise to T.V./videotape</td>
<td>basketball</td>
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<tr>
<td>dance, Zumba, NIA</td>
<td>strength workouts</td>
<td></td>
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<tr>
<td>tennis</td>
<td>circuit training trails</td>
<td></td>
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<tr>
<td>soccer</td>
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<tr>
<td>basketball</td>
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<tr>
<td>swimming</td>
<td>golf (only if do not use cart)</td>
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<tr>
<td>water aerobics</td>
<td>snowshoeing</td>
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<tr>
<td>hockey</td>
<td>rollerblading/rollerskating</td>
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<tr>
<td>Tae-Bo/kickboxing</td>
<td>volleyball</td>
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<tr>
<td>rollerblading/rollerskating</td>
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**Q. How long and how often do I have to exercise?**

**A.** Your activity must be at least 40 minutes in duration at least 4 days a week. It is best if you can do it all at once for the 40 minutes, but you can break it up into two 20-minute sessions.

**Note** If you are sedentary, untrained, or have a medical concern, check with your Primary Care Provider (physician) before beginning any exercise program. It is wise for anyone to consult his/her physician before embarking on any new exercise regime.

**Note** All who wish to participate in the “HEALTH 2016” program must register for the program and complete the PAR-Q and disclaimer forms included.

Q. **What records do I need to keep?**

**A.** Every day that you engage in an acceptable form of physical activity (see examples above or call the MIIA Wellness Coordinator at 800-374-4405 in MA or 617-426-7272x269 for information), for at least 40 minutes, put an “X” in the box on your progress chart (provided).
Q. What do I do with my records?
A. Sign your records and have your supporter (a supporter may be anyone who can verify that you indeed did your exercise; a spouse, friend, coworker, trainer, etc.) sign and date your progress chart as well. Mail your forms to Wellness Department, MIIA, One Winthrop Square, Boston, MA 02110, FAX to 617-542-6513, or email Mary Harrington at mharrington@mma.org, every 3-months. Please be sure to identify which prize you want when you send in your log form.

Q. What can I win?
A. If you document a minimum of 40 minutes of activity at least 4 days a week, at the end of each quarter, you will receive a prize based on the following. (Your “quarter” is simply the 3-month period you chart your exercise. Everyone is likely to start on a different day). Please identify which prize you want when you send in your log form.

### 3 months
- Mini sling cooler
- Eye pillow
- First aid kit
- Mistolive oil sprayer
- T-shirt (unisex, stonewash green, med, lg, xlg)
- Soup to go container
- Packit Freezable Lunch Tote
- Striped beach towel (white with blue, red, or yellow stripes)
- Ink’d Skull Candy Ear buds
- Work out Alo headband (women)
- Stainless steel water bottle
- Travel mug soft touch tumbler
- Sports towel in bag

### 6 months
- Cold weather face-mask
- Gardening kit
- Yoga Kit (includes mat, strap, block, DVD)
- Sound spa with nature sounds
- Herbal hug wrap (cold/heat)
- ChillWatch- water resistant
- Nap sack with seat cushion
- Pet carrier for transport
- Small rolled fleece blanket
- Small bamboo engraved cutting board
- Sporty tote bag
- Sports duffle bag
- Waterproof picnic blanket
- Car tool/emergency kit
- Collapsible cooler

### 9 months
- Natural Sleep Solutions CD set (“Pillow Talk”)
- Back wrap (cold/heat, adjustable belt)
- Maglite combo set
- Stainless steel 1.7 liter tea kettle
- Slope Messenger bag
- Woodstock wind chimes
- Outdoor adventure kit
- Hydration pack (Camelback)
- Round cutting board and cheese kit
- Delux wireless weather station
- Hoodie sweatshirt (zippered, ash color) (unisex: sm, med, lg, xlg)
- Barbecue utensil set
- Gardening kit

### 12 months
- Coleman 3-person dome tent
- Seltzer streamer
- Terry Velour bathrobe (white, unisex)
- Bluetooth Vibe Stereo Headset
- Forget the Carafe coffee maker
- Emeril fry pan set
- Coleman Cooler Quad Chair
- Life in Motion computer bag
- Rolling cooler with radio
- Fleece vest (unisex: med, large, xlarge, forest green)
- Polar Heart Rate Monitor
- Carry tote- tea/coffee set for 2
- Duffle picnic set for 2
- 3 liter olive oil from Crete
- Fitbit Zip

Note: When you send your completed log form to MIIA, please note which prize you prefer. You may also want to note what your second choice is just in case we run out of stock or discontinue a particular item. You may view all the prizes on our website: www.emiia.org to help you make your selection. Go to “incentives” on the wellness drop down menu.

Q. How do I get my prize(s)?
A. MIIA will either mail it or drop it off at Town Hall/School/Department upon receiving your signed and dated records. Again, please note the prize you want when you send us your form.

Q. What do I do first, how do I enroll and get started?
A. Simply complete the registration form attached and return it to Wellness Department (To register, you need to identify a “supporter.” Your “supporter” is someone who is aware of your activity and will support you in your efforts. You will also need to sign the release form and complete the “PAR-Q” (short health readiness survey). After you enroll and are cleared medically for activity, make 4 copies of the progress chart attached and begin to keep track of your exercise on one of them. After a 3-month session, sign and have your supporter sign your progress chart and mail, email, or fax it to Wellness Department.

For further information, call Wendy (ext. 269), Elizabeth (ext. 270), Jayne (ext. 108) or Sandy (ext. 266) all at 617-426-7272. Or call Bill Bradley at 413-522-4919, Courtney Hernandez at 617-470-3402, and Carrie Milardo at 978-821-4901.
I commit to exercising at least 40 minutes four days a week. I understand that in order to earn incentives, it is my responsibility to complete my exercise program and progress chart and return the log with appropriate signatures to MIIA every 3 months. I also understand that I must complete the PAR-Q (Physical Activity Readiness Questionnaire) and consult my physician if I answer “yes” to any of the questions on the PAR-Q. Anyone who is untrained, sedentary or has a medical concern should see their physician before engaging in physical activity. It is wise for anyone to consult his/her physician before starting any new exercise program.

Employer: __________________________________________________________________________________________

Signature: __________________________ Date: __________________________

Blue Cross Blue Shield/MIIA subscriber ID number: __________________________________________________________________________________________

Work address: __________________________________________________________________________________________

Work phone number: __________________________ Work fax: __________________________

Name of “supporter:” __________________________ His/her phone: __________________________

(person who will co-sign your log forms to acknowledge and support your activity; could be a spouse, friend, co-worker, trainer etc.)

I/We hereby release, hold harmless, and otherwise agree to indemnity the MIIA Health Insurance Trust, Inc., its employees, trustees, members, and agents from any responsibilities, claims, loss or damage of any kind arising out of any injuries, or loss or damages of any kind I/we may suffer as a result of my/our participation in the HEALTH 2016! Program.

Your own signature: __________________________ Date: __________________________

Participating spouses signature: __________________________ Date: __________________________

(if applicable)

Physical Activity Readiness Questionnaire (PAR-Q)
For most people, physical activity should not pose any problem or hazard. This set of questions has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

1.) Has your doctor ever told you that you have heart trouble? __________________________ Yes ______ No ______

2.) Do you frequently suffer from pains in your chest? __________________________ Yes ______ No ______

3.) Do you often feel faint or have spells of severe dizziness? __________________________ Yes ______ No ______

4.) Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Yes ______ No ______

5.) Is there a good physical reason not mentioned above why you should not follow an activity program even if you wanted to? Yes ______ No ______

6.) Are you age 65 or older and not accustomed to vigorous exercise? Yes ______ No ______

If you answered YES to any question, exercise should be postponed. We recommend you get approval from your doctor before engaging in a physical activity program.
**HEALTH 2016!**  
3-month Progress Chart  
(Log Form)

Make four copies before recording so you have four blank log forms for each quarter (the 12-month period)

Check: _____ First quarter _____ Second quarter _____ Third quarter _____ Fourth quarter

Employer____________________________________ MIIA/Blue Cross # ________________________________________________

Name: ____________________________________________________________________________________

Home address: __________________________________________ Home phone: ____________________________

Work phone: ______________________________________ Work fax: ______________________________________

Date initially started program: __________________________ Current date: _____________________________

Put an “X” into the box for every day you exercise at least 40 minutes. At the end of your 3-month period, you and your supporter (spouse, friend, etc.) should sign the form and return it to Wellness Department, MIIA, One Winthrop Square, Boston, MA 02110. FAX 617-542-6513 or Email mharrington@mma.org. To qualify for a prize, you need to have exercised at least 40 minutes a day at least 4 days a week. Please fill in actual dates of week!

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Your signature: __________________________________________ Date: ____________________________

Supporter’s (friend, coworker, spouse etc.) signature: __________________________ Date: __________________________

What prize do you prefer? (list is in registration packet) ________________________________________________

2nd choice, if 1st choice prize unavailable: ______________________________________________________

If requesting clothing, please circle size: Small, Med, Large, Xlarge. We will do our best to send you your preferred size/prize. Occasionally we run out of stock and will need to replace with another item.