



# 2026 Wellness Program

## Download the Mobile App

Access your wellness program information, submit forms, and track your progress — all in one place. Connect with our wellness team and stay on top of your goals, right from the app.



### Need Support or Have Questions?

For questions about your Wellness Program, including your status or deadlines, select Support on the Portal homepage or in the Mobile App.



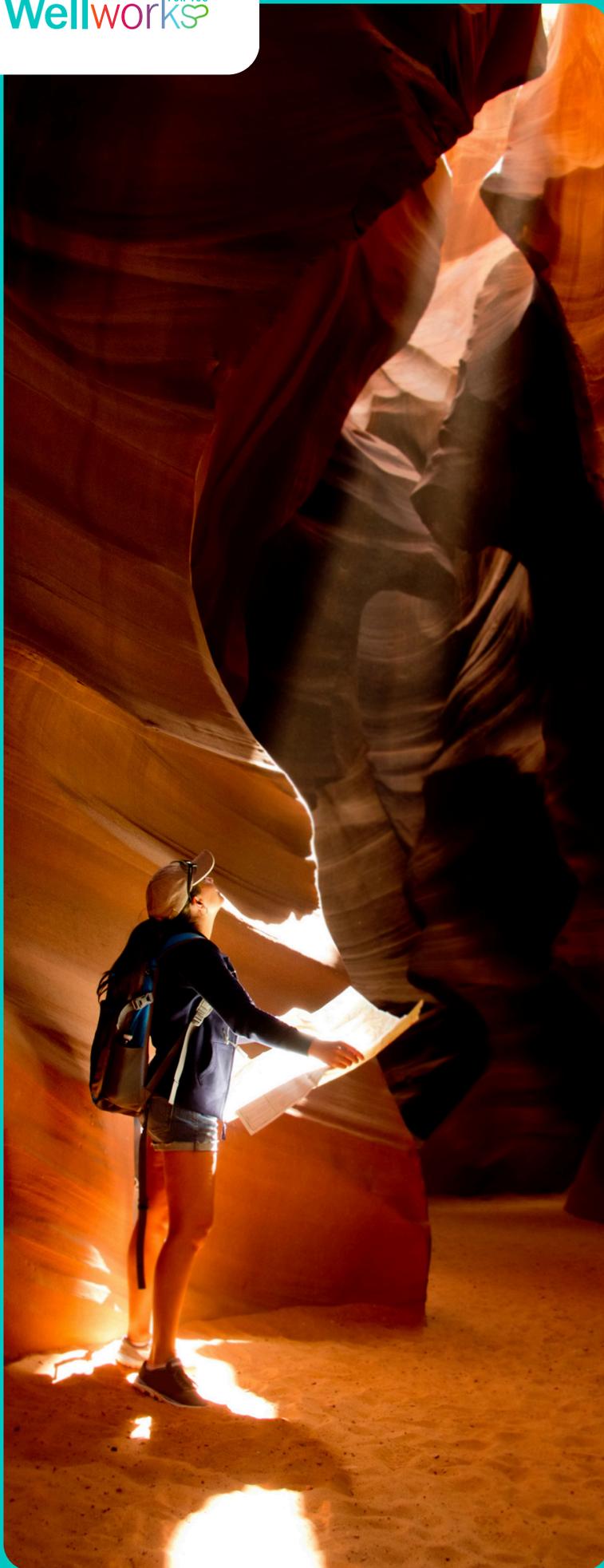
### Need Live Assistance?

**Chat Live:**  
Monday to Friday 9:00 am ET to 5:00 pm ET

Our "Chat Live" feature will give you access to chat with one of our helpful representatives during our regular business hours to answer any questions and guide you on a path towards wellness.

**Phone Support:**  
Monday to Friday 8:30 am ET to 7:00 pm ET

You can also call 800.425.4657 to reach the Wellness Team during our regular business hours.



## WELL CHECK/TOBACCO ATTESTATION 2026

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The City of Moberly includes a Tobacco Attestation/Cessation Program as part of the annual wellness visit.

All participants are required to complete this form in its entirety and certify one of the following:

- That they are a **non-tobacco user**, or
- That they are a **tobacco user** who will complete the **Well works For You 7-week Tobacco Cessation e-Learning Series** and **two (2) Health Coaching calls**.

### NON-TOBACCO USERS:

If you certify that you do not use tobacco, you must complete the **Tobacco Attestation Form**.

### TOBACCO USERS:

If you certify that you use tobacco, you are required to complete the **7-week Tobacco Cessation e-Learning Series** and **two (2) Health Coaching calls** by **December 17, 2026**, to receive credit for this requirement.

Instructions for completing the e-Learning Series and scheduling the Health Coaching calls are provided on the **Tobacco Attestation Form**.

Medically enrolled employees must complete these two forms, to earn an incentive not to pay \$75.00 per month for the 2027 calendar year.

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# 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 **00/00/0000**. Please retain a copy for your own records.

PATIENT CONTACT INFORMATION			
Company Name:			
Employee ID: <i>(Optional)</i>			
First Name:		Last Name:	
Date Of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:		E-mail:	

## PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

This **Results Form** confirms that the patient named above received the following preventative care between **00/00/0000** and **00/00/0000**. 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		mm Hg
*Blood Pressure: Diastolic		mm Hg
*Height		inches
*Waist Circumference		inches
*Weight		pounds
Body Mass Index 'BMI'		

SCREENING	RESULTS	
*Total Cholesterol		mg/dL
*Low Density Lipoprotein 'LDL'		mg/dL
*High Density Lipoprotein 'HDL'		mg/dL
*Triglycerides		mg/dL
TC/HDL Ratio		
*Fasting Glucose		mg/dL
HbA1c if physician recommended		%
Pulse or Heart Rate		BPM

## 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 **00/00/0000**

- **Upload to Portal:** Click Upload Forms on the Wellness Portal homepage, select the event title from the dropdown and upload your form. This will be securely emailed for processing. Users are limited to one (1) file per submission.
- **Upload to Mobile App:** Take a photo of your completed form and upload it via the Wellworks For You Mobile App. Tap the Upload a Form tab in the top left menu, then tap Click to Upload. Select the appropriate Wellness Event from the dropdown. 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.

# TOBACCO ATTESTATION FORM

Whether or not a tobacco user, **every participant is required to complete and sign the below affidavit** to certify that he or she is tobacco-free, OR a tobacco user who will complete Two (2) Health Coaching Calls and the Wellworks For You Tobacco Cessation e-Learning Series (considered a Reasonable Alternative Standard) to qualify for the **Incentive to not pay \$75.00 per month**. It is the **participant's responsibility** to submit the Tobacco Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below, by **December 17, 2026**.

## CONTACT INFORMATION

COMPANY NAME: City of Moberly

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

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

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

## TOBACCO STATUS (PLEASE CHECK ONE)

- I do **not** use tobacco products including cigarettes, cigars, chewing tobacco, 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 tobacco-use testing.
- I currently **use** tobacco products but will be completing Two (2) Health Coaching Calls and the **Wellworks For You 7-week Tobacco Cessation e-Learning Series** by **December 17, 2026**.
- I currently **use** tobacco 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 tobacco, including cigarettes, cigars, e-cigs, and chewing tobacco, 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 Tobacco Cessation 7-week e-Learning Series:

You must login to your Wellness Portal account, and navigate to the **Learning Center** page and select **Your Guide to Going Tobacco Free**. 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. After you complete Module 7, you must complete and save the Post-Module Survey. You must complete this program (including all quizzes and surveys) in its entirety by **December 17, 2026**.

### How to Complete the Two (2) Tobacco Cessation calls with a Wellworks For You Health Coach (if applicable):

Please log into your wellness portal under Coaching Corner Tab/My Coaching, & schedule your appointment. Or call 800-425-4657 to schedule an appointment with a Wellworks For You Representative. Once scheduled your health coach will reach out to you on the date and time of your appointment. You must begin this program (including all quizzes and surveys) no later than **December 3, 2026**, to complete the program in its entirety by **December 17, 2026**.

## 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 Tobacco 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 DECEMBER 17, 2026

- **Upload to Portal:** Click Upload Forms on the Home page. Select the event title from the dropdown and upload your form. Users are limited to one (1) file per submission.
- **Upload to Mobile App:** Go to the Upload a Form tab in the top left menu, select Click to Upload, and choose the relevant event from the Select Wellness Event drop-down. 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.



# 2026 WELLNESS PROGRAM Requirements

## REQUIREMENT

## DEADLINE

1

### Physician Results Form

Complete an annual physical exam with your physician between **January 1, 2026** and **December 17, 2026**. Take this packet with you to your appointment and have your doctor complete and sign the Physician Results Form. It is the **participant's responsibility** to return the form as part of the completed packet by **December 17, 2026**.

- **Have you already received your annual physical within the above timeframe?** Take or send the Physician Results Form to your physician's office to have it signed and completed.

If you **do not** have a doctor, you can select a doctor within the **City of Moberly** health benefit plan network. If you need assistance in finding a physician, please go to [www.UMR.com](http://www.UMR.com). Little clinics and minute clinics do not qualify as Primary Care Visit completion.

**December 17, 2026**

2

### Tobacco Attestation Form/Cessation Program

**All participants are required to complete this form** in its entirety and certify that they are a non-tobacco user or are a tobacco user that will complete the Wellworks For You 7-week Tobacco Cessation e-Learning Series and Two (2) Health Coaching Calls.

- If you certify that you do not use tobacco, you will complete Step 2 by completing the Tobacco Attestation Form.
- If you certify that you use tobacco, you must complete the Tobacco Cessation e-Learning Series and Two (2) Health Coaching calls by **December 17, 2026**, to earn credit for this requirement. Instructions to complete the 7-week e-Learning Series and complete Two (2) Health Coaching Calls are located on the Tobacco Attestation Form.

**December 17, 2026**

3

### Submit Your Completed Forms

For submission methods, please refer to page 4 of this guide.

**PLEASE NOTE:** Submission via Wellness Portal or Wellworks For You Mobile App, will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your Wellness Portal or Wellworks For You Mobile App to confirm your form was processed.

**December 17, 2026**



## Eligibility

Medically enrolled employees can complete steps 1-3 above by December 17, 2026, to earn an incentive to not pay \$75.00 per month.

Your new program details are outlined in this guide.



# 2026 WELLNESS PROGRAM Portal Login

## Log in to the Wellness Portal

To track your participation, you must be registered under the City of Moberly Portal. Follow the steps below to log in.

Your account has been created for you.

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Select **Login**
3. Accept the terms of the Consent Form
4. Fill in the required information

	Employee
Username Format	COM_ + Last Name + Employee ID
Password Format	Birthdate in MMDDYYYY
Example	UN: COM_Smith0877 PW: 05151986



### Please Note:

Use the temporary password only for your first login—you'll be prompted to set a new one. If you've logged in before, use your existing password.



## Retrieve Your Password or Username, or Register as a New User

### FORGOT YOUR USERNAME OR PASSWORD?

1. Click the link **Forgot Username** or **Forgot Password**
2. Follow the instructions to retrieve your username or reset your password
3. If issues persist, please contact Wellworks For You at **800.425.4657**

### NEW HIRES AFTER 01/01/2026:

#### Register on the Wellness Portal

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Click the **register** link and create an account
3. Enter your Company ID: **11662**
4. Complete the registration process (When creating username please use format listed above)

In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.



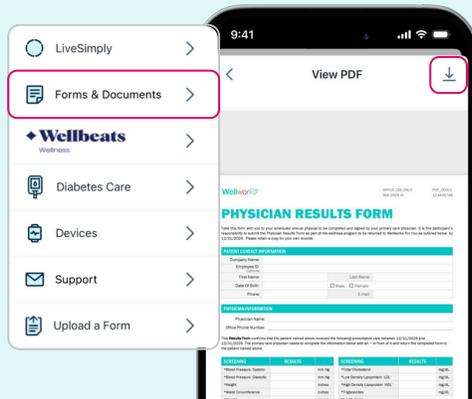
# 2026 WELLNESS PROGRAM Forms

## Instructions

Access, download, complete, and submit your program forms and documents in the Wellness Portal or Mobile App.

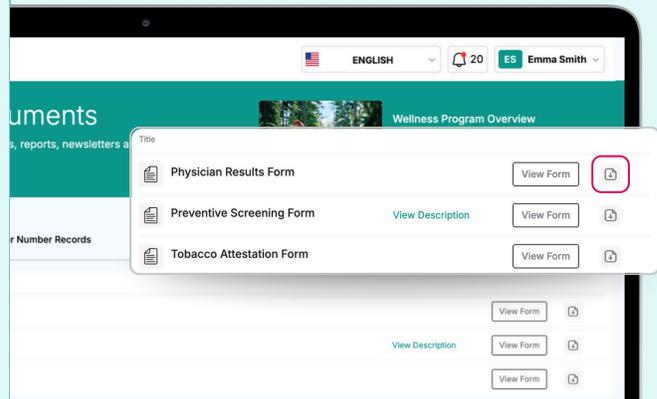
### Download via Mobile App

Go to **Forms & Documents** via the menu. Tap the form you need, then tap the download button in the top-right corner.



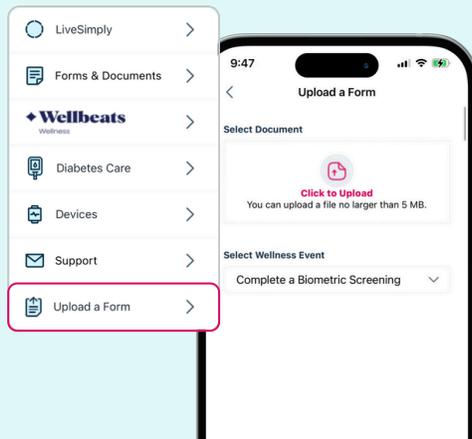
### Download from Portal

Go to **Forms & Documents** via the sidebar under **My Program**. In the row of the form you need, click the download button to download the form.



### Upload via Mobile App

Go to the **Upload a Form** tab in the top left menu, select **Click to Upload**, and choose the relevant event from the Select Wellness Event drop-down. Users are limited to **one (1)** file per submission.



### Upload to Portal

Click **Upload Forms** on the Home page. Select the event title from the dropdown and upload your form. Users are limited to **one (1)** file per submission.

#### Submit Your Program Forms

Upload completed program documents such as physician or activity forms here to submit for participation credit.



- > Complete a Biometric Screening
- > Tobacco Program
- > Physician Results Form 2025
- > Annual Preventive Exam
- > Vision Exam
- > Race Participation
- > Blood Donation
- > Wellbeing Log

#### Please Note:

Wellworks For You requires 7–10 business days to process submitted forms and update your Wellness Portal. It is your responsibility to submit all required documents, and we recommend keeping a copy for your records.