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Aptora Wellness Program Information

Aptora has exciting news!

We have updated our wellness program and made it easier to participate. This improved Wellness Plan will allow you to earn valuable bonuses worth over \$700.00 per year plus up to 8 hours additional personal time.

At Aptora we are committed to our employee's wellness. We believe that healthier employees make a better, more productive company. This new wellness program allows our employees to earn cash bonuses by walking, doing a variety of wellness activities and participating in community activities. As part of this program, Aptora will be issuing Fitbits to all participants. As you take a moment to review the program, please remember this program is open to all Aptora employees (including part and full time) and participation is NOT mandatory. If you would like to sign up for the program all you have to do is fill in the attached Sign Up sheet and return it to the Wellness Program Director (usually your HR Manager).

Fitbit:

As part of the wellness program, a Fitbit will be checked out to all Aptora employees as long as they are participating in the program. If lost or stolen, the employee will be responsible for replacement. Upon termination, if the employee has not been "gifted" the Fitbit, the employee is to return the Fitbit to Aptora or its retail price plus tax will be deducted from their final paycheck. If at the end of one full year, the employee has consistently used the Fitbit (demonstrated by monitoring of daily steps); the Fitbit will be gifted to the employee from Aptora.

Bonuses:

Bonuses are earned by completing various physical, wellness and community activities. On the next two pages you will find a list of activities and the corresponding bonuses. When an employee completes one of the activities on this list they turn in the paperwork and the bonus is added to their next regularly scheduled paycheck. You can find additional details in the Bonus Program Activities section of this kit.

When Can I Start?

You can start the program at any time. Just fill out the attached Enrollment Form and turn it in to your Wellness Program Director. Once you reach your first goal, complete the corresponding paperwork and turn it in to your Wellness Program Director, they will review it and verify your eligibility. Once verified, you will receive your bonus on the next regularly scheduled payroll.

Length of the Program:

You have one full calendar year to earn your bonuses. At the end of one year you can choose to re-enroll and the bonus year starts over.

Bonus Program Activities

Use the tables below to determine the bonus amount for each activity. Bonuses are paid on the next regularly scheduled payroll after your Bonus Pay Form is turned in.

Physical Activity Bonuses:

In order to receive a Physical Activity Bonus you will need to keep track of your daily steps by completing the "Step Counting Sheet". Once your steps reach the level you need to earn your bonus, you will need to fill out a Bonus Pay Form and attach the completed Step Tracking Sheet to it. Staple the documents together and turn it in to your Wellness Plan Director.

Bonuses earned in this section are built upon the previous bonus. What this means is if you have already been paid a \$10.00 bonus for 100,000 steps you only have to get 200,000 additional steps to earn the next step bonus of \$15.00 for 300,000 total steps. Once you have earned the \$15.00 bonus for 300,000 steps you only have to get 200,000 more steps to reach the next step bonus of \$20.00 for 500,000 total steps.

Total Steps Per Year	Bonus Amount Per Level	Steps to Next Level	Average Days at 10,000 Per Day
100,000	\$10.00	200,000	10
300,000	\$15.00	200,000	30
500,000	\$20.00	200,000	50
700,000	\$25.00	300,000	70
1,000,000	\$35.00	1,000,000	100
2,000,000	\$70.00	1,000,000	200
3,000,000	\$100.00 + 8 hours personal time	N/A	300

Wellness Activity Bonuses:

In order to receive a Wellness Activity Bonus you will need to; complete the activity, fill out the Bonus Pay Form for the activity, staple the proof of activity completion to the Bonus Pay Form and turn both of these items in to the Wellness Program Director.

Wellness Activity	Bonus Amount Per Activity	Eligible Occurrences Per Year
Wellness Exam	\$25.00	1
Flu Shot	\$25.00	1
Cholesterol Test: Total, HDL, LDL and Cholesterol	\$25.00	1
HbA1c Test	\$5.00	4
Cotinine (Nicotine) Free	\$25.00	1
Fasting Blood Glucose	\$10.00	1
Annual Pap Test	\$10.00	1
Dental Cleaning	\$10.00	2
Vision Exam	\$10.00	1
Mammogram	\$10.00	1
Blood Pressure	\$5.00	4
Annual Colonoscopy	\$10.00	1

Community Activity Bonuses:

In order to receive a Community Activity Bonus you will need to: Complete the activity, fill out the Bonus Pay Form for the activity, staple the proof of activity completion to the Bonus Pay Form and turn both of these items in to the Wellness Plan Director.

Acceptable forms of “proof of activity completion” are:

- ✓ First Aid or CPR Certification - Copies of CPR or First Aid cards
- ✓ Blood Donation – Copy of any paperwork given to you when donating blood
- ✓ Volunteer Activity – Must volunteer a minimum of two hours per volunteer activity. Completed Volunteer Activity Form (found in this packet)
- ✓ 5K Walk/Run - Registration forms with participant number
- ✓ Being on a Sport Team - Team schedules with a copy of your receipt for your registration payment
- ✓ Gym Membership – Copy of payment receipt with your name or address on it
- ✓ Nationally Recognized Weight Management Program – Copy of payment receipt with your name or address on it

Community Activity	Bonus Amount Per Activity	Eligible Occurrences Per Year
CPR Certification	\$10.00	1
First Aid Certification	\$10.00	1
Blood Donation	\$10.00	2
Volunteer Activity	\$10.00	3
5K Walk/Run	\$25.00	2
Being on a Sport Team	\$25.00	2
Gym Membership	\$25.00	1
Nationally Recognized Weight Management Program	\$25.00	1

Bonus Pay Form: Aptora Wellness Program

Complete this form and return it in to your Wellness Program Director along with proof of activity completion. Your bonus* will be added to the next regularly scheduled payroll. All activities are subject to verification and cannot exceed stated bonus amounts or eligibility occurrences. See the Wellness Program handout for additional information.

Printed Employee Name:

Today's Date:

Bonus Activity Name (Attach proof of activity completion to this form)	Amount of Bonus	Date Completed
	\$	
	\$	
	\$	
	\$	

Bonus Total

\$

Employee Signature:

Date Signed:

**Wellness Program
Director Signature:**

Date Signed:

**All bonuses are subject to payroll taxes. If you are participating in the 401(k) program contributions will also be deducted from this bonus.*

Step Tracking Sheet

Complete this form and return it to your Wellness Program Director along with the completed Bonus Pay Form.

Printed Employee Name:

**Carry Over Steps - Steps
Previously Reported**

Date	Number of Steps
Carry Over Steps	
Step Total	

Date	Number of Steps
Step Total	

**Total Number of Steps (For This Sheet AND All
Attached Forms)**

Employee Signature:

Date Signed:

**Wellness Program
Director Signature**

Date Approved:

Step Tracking Sheet Continued

Complete this form and return it to your Wellness Program Director along with the completed Bonus Pay Form.

Printed Employee Name:

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[illegible][illegible]**Total Number of Steps (For this sheet only)**[illegible]

Blood Pressure Form

Complete this form and return it in to your Wellness Program Director along with the completed Bonus Pay Form.

Important Information Regarding Blood Pressure Cuff Accuracy:

The most accurate blood pressure reading is obtained by using a manual blood pressure cuff and a stethoscope. This is usually done at your doctor's office by a registered professional. A less accurate but useful measurement can be obtained using an automatic blood pressure monitor which is available in your Wellness Program Director's Office.

If you are using an automatic blood pressure cuff and you obtain an abnormal reading (higher or lower than the blood pressure guidelines found below) retake the blood pressure using your other arm. Make sure that you are sitting down and your arm is relaxed while the monitor is measuring your blood pressure. If it is still abnormal you should contact your physician.

When using an automatic blood pressure cuff make sure to read and follow the directions that came with your company's blood pressure machine in order to get an accurate reading.

Printed Employee Name:

Date Measured (MM/DD/YYYY):	Systolic Pressure (Top Number)	Diastolic Pressure (Bottom Number)
	mmHg	mmHg

Blood Pressure Guidelines: Normal Blood pressure is below 120/80, Pre-hypertension is below 139/89, Stage 1 Hypertension is below 159/99, Stage 2 Hypertension is above 160/100.

Employee Signature:

Date Signed:

**Wellness Program
Director Signature**

Date Approved:

Volunteer Activity Form

Complete this form and return it to your Wellness Program Director along with the completed Bonus Pay Form as proof of Volunteer Activity* completion. Must volunteer a minimum of two hours per bonus.

Printed Employee Name:

**Printed Volunteer
Supervisor Name:**

**Volunteer Supervisor
Signature:**

**Volunteer Supervisor
Phone Number:**

Volunteer Organization

Volunteer Date (MM/DD/YYYY):	Volunteer Activity and Organization	Total Volunteer Hours For This Event
		Hours

Employee Signature:

Date Signed:

**Wellness Program
Director Signature**

Date Approved:

**All activities are subject to verification.*

Employee Wellness Tracking Sheet

This sheet should be used by the Wellness Program Director to keep track of Bonuses earned for each employee. Each employee should have their own tracking sheet.

Printed Employee Name:

Start Date:

Physical Activity Bonuses:

Step Counting Sheet Total	Bonus Paid	Date Completed	Steps until Next Bonus
≥ 100,000 Total	\$10.00		
≥ 300,000 Total	\$15.00		
≥ 500,000 Total	\$20.00		
≥ 700,000 Total	\$25.00		
≥ 1,000,000 Total	\$35.00		
≥ 2,000,000 Total	\$70.00		
≥ 3,000,000 Total	\$100.00 + 8 hours personal time		

Wellness Activity Bonuses:

Wellness Activity	Bonus Amount Per Activity	Date 1 st Completed	Date 2 nd Completed	Date 3 rd Completed	Date 4 th Completed
Wellness Exam	\$25.00		NA	NA	NA
Flu Shot	\$25.00		NA	NA	NA
Cholesterol Test: Total, HDL, LDL and Cholesterol	\$25.00		NA	NA	NA
HbA1c Test	\$5.00				
Cotinine (Nicotine) Free	\$25.00		NA	NA	NA
Fasting Blood Glucose	\$10.00		NA	NA	NA
Annual Pap Test	\$10.00		NA	NA	NA
Dental Cleaning	\$10.00			NA	NA

Wellness Activity	Bonus Amount Per Activity	Date 1 st Completed	Date 2 nd Completed	Date 3 rd Completed	Date 4 th Completed
Vision Exam	\$10.00		NA	NA	NA
Mammogram	\$10.00		NA	NA	NA
Blood Pressure	\$5.00				
Annual Colonoscopy	\$10.00		NA	NA	NA

Community Activity Bonuses:

Community Activity	Bonus Amount Per Activity	Eligible Occurrences Per Year	Date 1 st Completed	Date 2 nd Completed	Date 3 rd Completed
CPR Certification	\$10.00	1		NA	NA
First Aid Certification	\$10.00	1		NA	NA
Blood Donation	\$10.00	2			NA
Volunteer Activity	\$10.00	3			
5K Walk/Run	\$25.00	2			NA
Being on a Sport Team	\$25.00	2			NA
Gym Membership	\$25.00	1		NA	NA
Nationally Recognized Weight Management Program	\$25.00	1		NA	NA

Printed Employee Name:

End Date:

Wellness Program Enrollment Form

Printed Employee Name:

I am voluntarily enrolling in the Aptora Wellness Program. I will be issued a Fitbit for my personal use while enrolled in this program. I take full responsibility for the Fitbit and I agree to pay the retail price for this fitness monitoring device if it is lost, broken or stolen during my enrollment.

I understand and agree that if I use the Fitbit to monitor my activity for 300 days out of the year the Fitbit One will become my personal property and I will not have to return it to the company. If I do not earn the Fitbit by logging activity for 300 out of 365 days, I agree to return the Fitbit to Aptora Corporation or have the retail price deducted from my final paycheck upon my termination of employment.

I further agree to register with the Fitbit online site for daily monitoring. In addition to signing up, I will be required to join the Aptora Wellness Group in the Fitbit Community. I understand that all members in this group may see certain stats from my daily activity such as steps taken.

I understand and agree that in order to receive bonuses for activities listed in this packet, I will have to submit the required forms and documentation.

I understand and agree that the bonuses may be changed or removed without advance notice. I also understand that all bonuses through Aptora are subject to payroll earning taxes and 401(k) contributions (if enrolled).

I understand and agree that before starting any exercise program it is recommended that I undergo a complete physical and have physician approval to participate in the exercise program.

I understand and agree that Aptora reserves the right to define all terms and definitions.

I understand and agree that my employer reserves the right to define all terms and definitions.

Employee Signature:

Date Signed:

**Wellness Program
Director Signature:**

Date Signed: