

Health and Wellness Program Accommodation Application

Instructions:

1. Complete this form to request an accommodation for the current Health and Wellness Program year, October 1, 2020 – August 31, 2021.
2. Include attachments as supporting documentation to support your application.
3. Submit this form and any attachments to Mike Ernst at Michael.Ernst@devereux.org by Monday, August 16, 2021 to allow 10 business days for processing before the end of the wellness year on August 31.
4. You will receive written notice of determination from People Operations within 10 business days.

This form and supporting documentation are subject to review and final determination by Devereux Advanced Behavioral Health. Individuals found to have falsified, exaggerated, or otherwise misrepresented any information contained herein may be subject to disciplinary action in accordance with the Devereux Standards of Conduct, up to and including termination of employment, restitution for benefits received falsely, loss of medical coverage, as well as his/her family's ineligibility for COBRA benefits.

1. Reason(s) for accommodation.

Please describe the reason why you're requesting an accommodation.

2. Affidavit

I hereby certify that the statements made in this document and any applicable attachments are true and accurate. I understand that misrepresentation of any information contained herein may result in disciplinary action in accordance with the Devereux Standards of Conduct, up to and including termination of medical coverage and / or employment, restitution for benefits received falsely, loss of eligibility for COBRA coverage for me as well as my participating family members. I understand that approval of my application will be applied to future incentive credits only (as measured from the date of determination), and that this application cannot apply retroactively to past payroll for which no credits were given.

Employee Name

Date

Employee Signature

