

Accommodation Determination

Accommodation requested for health and wellness year: _____

Name: _____

Devereux has reviewed your Incentive Credit or Case Management Non-Utilization of Service Fee Accommodation Application dated _____ and has made the following determination:

A. Non-Tobacco Use

- Non-Tobacco Use points credit **approved**.
- Non-Tobacco Use points credit **denied**.
- Non-Tobacco Use points credit determination **pending** additional information from applicant.

Your application is inadequate as submitted. Please furnish the following additional item(s) for review in order to receive full consideration for incentive credit accommodation under Devereux waiver policy:

B. Fitness Program

- Fitness Program points credit **approved**.
- Fitness Program points credit **denied**.
- Fitness Program points credit determination **pending** additional information from applicant.

Your application is inadequate as submitted. Please furnish the following additional item(s) for review in order to receive full consideration for incentive credit accommodation under Devereux waiver policy:



C. Weight Management Program

- Weight Management points credit **approved**.
- Weight Management points credit **denied**.
- Weight Management points credit determination **pending** additional information from applicant.

Your application is inadequate as submitted. Please furnish the following additional item(s) for review in order to receive full consideration for incentive credit accommodation under Devereux waiver policy:

D. Case Management Non-Utilization of Service Fee

- Non-utilization of service fee waiver **approved**.
- Non-utilization of service fee waiver **denied**.
- Non-utilization of service fee waiver determination **pending** additional information from applicant.

Your application is inadequate as submitted. Please furnish the following additional item(s) for review in order to receive full consideration for a waiver of the case management non-utilization of service fee:

Authorized: Devereux Corporate People Operations

Name: _____

Title: _____

Date: _____

