



## WELLNESS PROGRAM ACKNOWLEDGEMENT AND DECLINATION FORM FOR ELIGIBLE RETIREE AND SPOUSES

I, (print full name) \_\_\_\_\_, hereby acknowledge and understand that I am waiving my rights to participate in the Wellness Program, which includes the following:

- Confidential Health Risk Assessment, Biometric screening and Coaching session(s). All medical information is personal and confidential, as protected by federal law. Forsyth County does **NOT** have access to your individual results.
- **For Employee-Only Coverage:**  
\$60.00 per month deduction on my medical premium which equates to an annual savings of \$720.00 if I participate and comply with the wellness program.
- **For Employee Plus Spouse or Family Coverage (that includes a spouse):**  
\$100.00 per month deduction (\$60.00 for employee and \$40.00 for spouse) on my medical premium which equates to an annual savings of \$1200.00 if both my spouse and I participate and comply with the wellness program. Retiree enrollment *is required* for spouse enrollment. If you fail to comply with the wellness program requirements and are removed, your spouse will also be unenrolled, regardless of their compliance status.

Full details on the program can be found on <http://fcnet/HumanResources/Wellness.aspx>

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Please check the appropriate box(es) below to decline participation:

- Retiree Not Participating
- Spouse Not Participating
- Retiree and Spouse Not Participating

Signature \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Date \_\_\_\_\_

**Please return the completed form to County Human Resources by May 15, 2026  
Retain a copy for your records.**