

Cascade Designs Wellness Program

A strong company cannot exist without healthy employees. The everyday choices we make can help us live healthier, happier, and more fulfilling lives - at work and at home. CDI has a wellness program to encourage employees to prioritize their well-being, maintain a healthy workforce, and help manage our healthcare costs.

To be eligible for the Cascade Designs Wellness Program Incentive for 2025, submit this form to Human Resources to report that you have completed one of the required activities below. If you are unable to participate in any of the required activities to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting any member of the HR team at HR@CascadeDesigns.com.

Wellness Program Incentive

Wellness program participants receive a \$25/month discount on their medical premiums in 2025 (that's a \$300 savings per year!). You must complete a wellness activity within the required timeframe and be enrolled in Cascade's medical plan to receive monthly premium discount.

Wellness Program Requirements

To qualify for the wellness incentive in 2025, you must complete one of the following activities within the required timeframe. Please select which activity you completed.

Activity (select one)	Employees hired <u>prior</u> to 11/1/2024	Employees hired 11/1/2024 – 12/31/2024
<input type="checkbox"/> Get a preventive care visit (annual check-up or physical) with a physician or dental cleaning with a dentist Preventive care is covered at 100% (deductible waived) with an in-network provider on the medical plan with RGA. Includes preventive colonoscopy, gynecological exam, and mammogram. Preventive dental cleaning is covered at 100% (deductible waived) on the dental plan with Delta Dental.	Activity must be completed between January 1, 2024 and March 31, 2025 Wellness incentive will take effect on 1/1/2025 or on the first paycheck after your Wellness Program Attestation Form is submitted to HR	Activity must be completed within 12 months of your medical coverage effective date* Wellness incentive will take effect on the first paycheck after your Wellness Program Attestation Form is submitted to HR
<input type="checkbox"/> Get a flu shot		
<input type="checkbox"/> Get a COVID-19 shot/booster		

*Medical coverage begins your date of hire.

Signature

By signing this form, I declare that the information I have provided is true, complete, and correct. If it isn't, I will not be eligible for the wellness incentive in 2025. The wellness program complies with the Health Insurance Portability and Accountability Act (HIPAA). CDI will keep your information private and secure.

Employee name (print): _____

Employee signature: _____

Date: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES – HR@CascadeDesigns.com