

# WEIGH DOWN, STAY DOWN



Healthy actions that may seem small can help you to boost your energy and help you manage your weight! This challenge helps you to find simple, healthy habits that keep your weight under control, while helping you break unhealthy habits that can lead to weight gain.

Make some healthier choices this month by trying to exercise more, eating a nutritious breakfast, limiting sweets and alcohol and eating regularly.

## HOW IT WORKS

You'll earn 1 point for each healthy choice you make each day. If your total points for the month are 80 or greater, you will earn a \$20 HRA contribution!

## EARN 1 POINT WHEN YOU:

- ▶ Get at least 15 minutes of physical activity
- ▶ Eat a nutritious breakfast
- ▶ Limit sweets and alcohol to 1 serving
- ▶ Stick to a regular meal schedule

## HOW TO TRACK YOUR POINTS

- ▶ Go to [mytuftshealthplan.com](http://mytuftshealthplan.com)
- ▶ Start Living a Healthy Lifestyle
- ▶ Progress
- ▶ Challenges

You can use the paper tracking form for convenient daily tracking, but you must enter your activity and points on [mytuftshealthplan.com](http://mytuftshealthplan.com) daily or weekly to get credit - you will only get credit for points entered for the prior week (7 days) and will not be able to enter activity for days prior to that.

**All points must be recorded online by June 7, 2018.**

**TRACK YOUR POINTS >>>**



If your **TOTAL** challenge points are 80 or greater, you will earn a \$20 HRA contribution!

# WEIGHT DOWN, STAY DOWN

## POINT TRACKING FORM

DAILY ACTIVITIES	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTAL	
<b>Earn 1 point each time you:</b>	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	_____
▶ Get 15 min. of physical activity (PA)	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	_____
▶ Eat a nutritious breakfast (NB)	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	_____
▶ Limit sweets and alcohol (SA)	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	_____
▶ Stick to a regular meal schedule (MS)	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	<input type="checkbox"/> PA <input type="checkbox"/> SA <input type="checkbox"/> NB <input type="checkbox"/> MS	_____

**Important Note:** Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all similarly situated employees, regardless of health status. If you think you might be unable to meet a health contingent standard (i.e, a program that requires an individual to satisfy a standard related to a health factor to obtain a reward or requires an individual to undertake more than a similarly situated individual to obtain the same reward) under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Furthermore, if you are disabled, we will work with you to provide a reasonable accommodation to help you meet any standards (whether health contingent or not) under this wellness program. Contact Carol Gustavson, in RCAB **Benefits** at 617.746.5830, and we will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

\_\_\_\_\_ points

**Points Total for your TOTAL challenge points.**

