



2024 Employee Wellness Program Flu Vaccination Affidavit Form (100 points)

Employee or Employee's Spouse Full Name: _____

Date of completed vaccine: _____

Please upload to the beBetter wellness portal immediately after completing your vaccine.

For Employee/Employee Spouse:

By signing and submitting this form, I verify that the information on this document is true and accurate. I understand that any falsification of this document could result disciplinary action up to and including termination. I understand that I may, at any time, be audited and expected to submit verification of proof of appointment.

Employee/Employee Spouse Signature

Please include vaccination proof here:

(Place your Flu vaccine card here,
take a picture of this form **with** the vaccine card together as **one page**,
and upload to www.bebetterhealth.net as proof of completion.)

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives our information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

The flu vaccination needs to be administered to you between January 1, 2024 and December 31, 2024 and the affidavit form uploaded to the EBIX Wellness Portal no later than December 31, 2024. Points Award Distribution to be made by March, 2025 for submissions received by December 31, 2024. **Points will be removed from forms with missing information.**