



Financial Wellness Consultation Form

All sections of this form (including representative signature, title, and phone/email) must be completed in order to count for points towards the wellness incentive program.

EMPLOYEE/RETIREE/SPOUSE INFORMATION
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First Name: _____ Last Name: _____

Phone: _____ Email: _____

Date of Consultation: _____

Employee/Retiree Signature: _____ Date: _____

TO BE COMPLETED BY AGENCY REPRESENTATIVE AT TIME OF VISIT
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Representative Signature: _____

Representative Name & Title (Please Print): _____

Representative Phone and Email for Verification: _____

Submit completed and signed form to the Human Resources department at benefits@cityofracine.org, or mail to the following address;

City of Racine – Human Resources
RM 204
730 Washington Avenue
Racine, WI 53403