



Cigna Motivate Me Taxable Income Form



Employee Name: _____

Department: _____

Gift Card Type:

- \$50 Annual Physical or Annual OB-Gyn preventive exam completion
- \$25 myCigna goal completion
- \$25 H2U Personal Health Assessment (PHA) completion
- \$25 Box Elder County Wellness Activity completion

Amount of Taxable Income: _____

Payroll Tax Date: _____

I authorize Box Elder County to tax the gift card I received from Cigna as income for the above wellness incentive.

Employee Signature

Date

For Payroll Use Only: Paycode: 7-11 Gift Cert. Taxable Fringe

Added to Payroll Date: _____ Payroll Initials: _____