

# MENNONITE VILLAGE EMPLOYEE NEWSLETTER

October 8<sup>th</sup>, 2021

## FLU VACCINATION CLINIC COMING SOON

Can you believe it is already fall? Flu season is just around the corner and we will be providing free flu vaccinations to staff.



[www.mennonitevillage.org](http://www.mennonitevillage.org)

Human Resources Hours  
Mon-Fri 8:00a to 4:30p

*Kristen Gregory, HR Director*

*Ginger Rummell, HR Specialist*

*Kacie Marken, HR Benefits Coordinator*

*Sarah Hobson, Volunteer & Community  
Outreach Coordinator*

## **JOTTINGS FROM HR....**



### **October 18<sup>th</sup> is Fast Approaching**

HR has reached out to all employees who we do not have vaccination information on. It is critical to the continued care of our residents that we know:

1. Who is vaccinated – HR must have a copy of your vaccine card on file (you can email a picture to HR at [kristeng@mennonitevillage.org](mailto:kristeng@mennonitevillage.org) or [kaciem@mennonitevillage.org](mailto:kaciem@mennonitevillage.org) .
2. Who is asking for a Religious or Medical Exception – Forms attached to Newsletter and on the company website.
3. If granted a Religious or Medical Exception it is not approved until HR receives the signed accommodation letter back. You will be removed from the schedule w/out pay if you do not complete the process.
4. If you do not wish to meet the requirements of the mandate or fail to start any of the process by October 29<sup>th</sup> the company will assume you wish to resign your position with the company and your employment will be terminated. All applicable benefits will end the last day of the month.

Mennonite Village has tried to be as accommodating as we legally can be, but we still have residents to care for and staff who will need support. If at any time we feel we have too many accommodations to manage or too many staff are not meeting the agreement, disciplinary action up to termination may occur. Regardless of personal feelings this is what is required of Healthcare today and all of us who have committed to being a part of this industry. Our residents and family rely on us for their loved one's care and safety.

## QVI Reimbursements

The plan year for 2020-21 has come to an end. This means you have until December 31<sup>st</sup>, 2021 to turn in receipts for reimbursement from your FSA or HRA account. HR will no longer be able to approve late submissions (after Dec. 31<sup>st</sup>) so if you are waiting on an EOB or a claim to be submitted to your insurance, you need to reach out to your medical provider and make sure they are doing so. The QVI reimbursement forms can be found on the company website under the employee portal.

This also means the new plan year began October 1<sup>st</sup>, 2021. Make sure to check your paycheck for the new insurance deductions. Mistakes can occur and with the introduction of a new plan and many the many changes that occurred with dental insurance you want to make sure you are being charged what you thought the cost would be.

## Wellness Refunds

Finally, if you have not submitted your proof of wellness activity to HR for last years, you need to do so no later than the end of the month. We will be issuing the first round of checks by the end of the month. This year we will not issue any checks past November, so we will do one more check run for wellness refunds before Thanksgiving. Help spread the word. If you want to double check your points please email either Kacie Marken or Kristen Gregory.

[kaciem@mennonitevillage.org](mailto:kaciem@mennonitevillage.org)  
[kristeng@mennonitevillage.org](mailto:kristeng@mennonitevillage.org)

## CVS Account

If you lost your Covid card and received your shot when we used CVS pharmacy, you can create a login from their website and your vaccination information should be there. It allows you to print a card and depending on your phone some brands have apps that allow you to scan and store the information in your phone for easy access when going to events that require proof. The card from CVS has the QR code on the card that some places can even scan.

[Create Your CVS Account](#)



Don't Forget About Our EAP & Teladoc Services  
Remember all employees and anyone living in their household has access to our EAP program. You can login to set up an account and see all the benefits that are available to you at: [ibhsolutions.com/members](http://ibhsolutions.com/members) or call 1-866-750-1327. If you are interested in connecting to someone to talk with about your emotional well-being our Insurance Policy provides behavioral health benefit for both in office visits and Teladoc appointments. Teladoc still allows you to establish a relationship with one counselor so you are not seeing someone different each time. In-office visits are subject to the \$25 office copay if you see an in-plan provider. Teladoc has a no copay. Set up an account and appointment at: [The right care when you need it most | Teladoc®](#)

## COVID-19 Vaccine Religious Exception Request Form

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

### Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or [COVID19.LanguageAccess@dhsoha.state.or.us](mailto:COVID19.LanguageAccess@dhsoha.state.or.us).

## COVID-19 Vaccine Medical Exception Request Form

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Individual's name:	Date of birth:
Phone number:	
Signature:	Date:
Employer/Organization:	Job Title/Position:

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

### Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the information below.

### Please check an option below and complete related questions:

The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents them from receiving the COVID-19 vaccination?

Yes  No Is the medical condition permanent?

Yes  No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.

The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by \_\_\_\_\_.

The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address:
	Work telephone number:

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