

## LMHF WELLNESS INCENTIVE PROGRAM

## **Wellness Activity Redemption Form Part II**

Note - Part II can be submitted to LMHF prior to Part I (Annual Physical); however, you will not be rewarded \$50 for Part II until Part I has been completed.

Have you completed Part I? Yes ☐ No ☐

I hereby confirm that I have completed the established Part II wellness initiatives resulting in eligibility for an additional \$50.00 added to my Health Related Account (HRA) debit card. I understand that the validity of my documents will be confirmed by Labor-Management Healthcare Fund (LMHF). I will be notified directly if the LMHF office is unable to confirm documentation. If all criteria are met, the \$50.00 earned in Part II will be uploaded to my current HRA card, which was previously provided to me for completion of Part I.

<b>Applicant's Signature:</b>		
Printed Name:		
Date of Birth:		
BCBS Member (ID) Number*:		
	Prefix (Ex. O1, 02)	ID Number
BCBS Group Number*:		
Employee Home Address:		
	House Number & Street	Apartment #
	City & State	Zip Code
Phone Number with Area Code:		
Subscriber's Information		
Union Affiliation:		
Employer Name:		
Department:		
Date Signed		

\*Your BCBS Prefix, Member ID and Group Numbers, appear on your BCBS identification card.

~ Please complete reverse side ~

~ Faxes Not Accepted ~

## Complete the BCBS Health Assessment listed below. List below twelve (12) <u>additional</u> LMHF sponsored events that you have completed. Eligible activities are listed on the Part II Instruction Sheet.

Workplace Events - You must sign-in on the sheet provided by and verified by your employer

Annual screening - If you are listing preventative screenings (eye exam, dental check-up, mammogram, etc., you must include the Preventative Screening Verification form, with your <u>original</u> physician's signature. A separate form (signed & dated by your physician) is required for <u>EACH screening</u>. Forms included in wellness packet and also available at <u>www.LMHF.net</u>. Applicant must receive preventative screenings the same year in which they are applying for Part II. Applicant must also be an active LMHF member at the time of his/her screenings. Along with this form, you must also include (if applicable) vaccination certification.

Name of Event/Class/Seminar/ Screening	Date of Completion
BlueCross BlueShield on-line Health Assessment (REQUIRED)	
See step-by-step instructions below and enclosed.	
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	
11.)	
12.)	

I hereby confirm that the aforementioned information is accurate and I have completed the activities as indicated.

Employee/Applicant Signature	Date
	<del></del>

<u>Step-by-Step Instructions for Completing Your BlueCross BlueShield Health Assessment</u> This information remains with BCBS. It is not shared with your employer or other entities.

If you're new to Online Services and have not set up a user name and password in the past, you must register by following these instructions:

- 1. Go to bcbswny.com
- 2. Click "Login" and select "Member" from the drop-down menu
- 3. Click "Register Now" under the Login area
- 4. Enter your subscriber ID, group ID, and member number
- 5. Click "Next"
- 6. Fill in the required fields to complete your registration

## Once your registration is complete:

- 1. Go to bebswny.com and click "Login"
- 2. Enter your username and password
- 3. Click "Get Healthy"
- 4. Click "My Health"

(If it's your first visit, you'll need to register)

- 5. Click on the Health Assessment, located within the Personal Health Itinerary
- 7. Take the Confidential Health Assessment