

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.

<u>Applicant's Signature:</u>		
Printed Name:		
Date of Birth:		
BCBS Member (ID) Number*:		
	Prefix (Ex. O1, 02)	ID Number
BCBS Group Number*:		
Employee Home Address:		
1 2	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 ~

List below twelve (12) 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

<u>Annual screening</u> - 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
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
------------	-----------	-----------

e _____ Date _____