



Labor-Management Healthcare Fund
90 Anderson Road
Cheektowaga, NY 14225

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-Reimbursement Arrangement (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.

Applicant's Signature:

Printed Name:

Date of Birth:

Highmark/BCBS Member (ID) Number*:

_____ *ID Number*

Highmark/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 Highmark/BCBS, Member ID and Group Numbers, appear on your Highmark/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**

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 original physician's signature. **A separate form (signed & dated by your physician) is required for EACH screening.** Forms included in wellness packet and also available at www.LMHF.net. 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. (Flu – One credit per calendar year. **Covid** – Initial two-part vaccination or annual booster earns one credit per year. Note: To be fully vaccinated, some (Pfizer & Moderna) require 2 injections. **Shingles** – This requires 2 injections to be fully vaccination. Once two received, one credit earned.)

<u>Name of Event/Class/Seminar/ Screening</u>	<u>Date of Completion</u>
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 _____

Examples of Eligible Wellness Activities & Points Earned:

<u>Qualifying Event/Activity</u>	<u>Additional Information</u>	<u>Documentation Required</u>
Employer/LMHF Sponsored Exercise, Cooking, etc. Classes	Offered at Employer Sites or Online Virtual at LMHF Website	Sign-In Sheets Required or if Virtual, Email Meah.Vicario@LMHF.net to confirm participation.
Vaccinations	See Note Below	Must submit Vaccine Certificate with Your Wellness Activity Redemption Form
Wellness with Pets	Send in pet photos including activity	Mail to LMHF ATTN: Tammy or email: Tammy.Pudlewski@LMHF.net
Annual Screenings	Listed on Preventative Screening Verification	A separate form (signed & dated by your physician) is required for each screening
LMH Wellness Webinars	Info at www.LMHF.net	Email Tammy.Pudlewski@LMHF.net to confirm participation.
LMHF Wellness Sponsored Classes Virtual & In-Person	In-Person at Employer Site or www.LMHF.net	Sign-In Sheets Required or if Virtual, Email Meah.Vicario@LMHF.net to confirm participation
Highmark/BCBS Online Wellness Workshops	Highmark/BCBS Website	LMHF Will Confirm Completion with Highmark/BCBS
LMHF Wellness Seminars	At Employer Site or LMHF Office	Sign-In Sheets Required
Wellness & Strive to Thrive Retreats	At Beaver Hollow	Completion of Retreat Verified by LMHF
Beaver Hollow Fit Camp		6 credits
Beaver Hollow Wellness Retreat & Strive to Thrive		1 credit per day at Beaver Hollow
All Seminars and Webinars – In-person or Virtual		1 credit
All Exercise Classes – In-person or virtual		1 credit
On-Line Programs		1 credit
Health Screenings		1 credit per screen
Webinars & Seminars / Virtual or in-person		1 credit
Wellness with Pets		1 credit per year