



Labor-Management Healthcare Fund is the administrator of health, prescription, and dental coverage. It is our goal to help ensure your overall satisfaction with our program, plans of benefits offered, performance of insurance carriers, as well as all customer service conduct.

LMHF WELLNESS INCENTIVE PROGRAM Part I and Part II Summarized

Beginning January 1 of each year, active employees, along with their spouses, (who are LMHF members) are eligible to participate in Part I and Part II of the LMHF Wellness Incentive Program. The program runs January 1 through December 31, at which time, the benefit re-sets and begins tracking the next year's activities.

THE FOLLOWING DESCRIBES PART I:

Employee and/or spouse is required to receive an annual physical by their Primary Care Physician and submit the necessary paperwork to LMHF. **NOTE:** Applicant must be an active LMHF member at the time of his/her annual physical. You can expect to receive a letter of eligibility confirmation upon receipt of Part I forms within two (2) weeks. Please notify the LMHF office if confirmation is not received. When Part I requirements are finalized, member will receive a \$50.00 HRA debit card.

Employee Responsibility for Part I

- 1.) Retrieve a LMHF "Wellness" packet from employee's Human Resources/Personnel Department or LMHF office. All required forms are included in the packet and on our website at www.LMHF.net.
- 2.) Applicant is required to get an Annual Physical provided by his/her Primary Care Physician.
- 3.) Applicant must complete the "Employee Verification" section (page 1). Applicant's physician must complete "Annual Physical Verification" section (page 2).
- 4.) The completed and signed form must be submitted to the LMHF office.

THE FOLLOWING DESCRIBES PART II:

To qualify, employee and/or spouse must each participate in twelve (12) additional wellness-related activities (listed on the reverse side of this document). Upon completion and LMHF verified, participant will receive an additional \$50.00 credit added to their HRA debit card.

Employee Responsibility for Part II

- 1.) Participate in additional twelve (12) approved activities/screenings (listed on reverse side).
- 2.) Complete the Wellness Activity Redemption form.
- 3.) Physician must sign the Preventative Screening Verification form(s) (if applicable)
NOTE: If including screening verifications, the applicant must receive preventative screenings the same year in which application is made for Part II. Applicant must also be an active LMHF member at the time of his/her screenings. **A SEPARATE FORM (SIGNED & DATED BY YOUR PHYSICIAN) IS REQUIRED FOR EACH SCREENING**
- 4.) Submit the Wellness Activity Redemption Form and Preventative Screening Verification form(s), vaccination certification (if applicable) to the LMHF office.
If Part II is fulfilled prior to Part I, you may retain your documents until you submit your Part I completion, or your documentation will be accepted and kept on file at LMHF. You will not be rewarded \$50 for Part II until LMHF receives documentation confirming completion of Part I.

All documents must be submitted no later than **February 15** for the prior year's participation.
There are no exceptions.

YOUR PARTICIPATION IN OUR WELLNESS INCENTIVE PROGRAM IS GREATLY APPRECIATED!