

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.

Applicant's Signature:		
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 ~

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 <u>EACH screening</u>. 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.

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 complete	ed the activities as indicated

12.)	
I hereby confirm that the aforementioned information is accurate and I have comp	leted the activities as indicated
Employee/Applicant Signature D	ate