

2024 HEALTH SCREENING FORM

for Heartland Health & Wellness Fund participants



I am (select one): a member the spouse of a member Questions? Call Heartland at 937.665.1900.

BIOMETRIC SCREENING

FORM DUE BY: SEPTEMBER 15, 2024

First Name _____

Last Name _____

Medical ID# _____

Last 4 digits of SS# _____

Email _____

Telephone _____

Street Address _____

City _____

State _____

Zip _____

I understand this form must be fully completed and legible to be processed. Results must be from a 2024 biometric screening to be eligible. **Please remember to fast 12 hours in advance.** By signing this form, I agree with the health screening results provided. I hereby authorize the medical health care provider and/or medical facility to release the health data to the Fund's wellness and claims analysis providers and the Heartland Health & Wellness Fund.

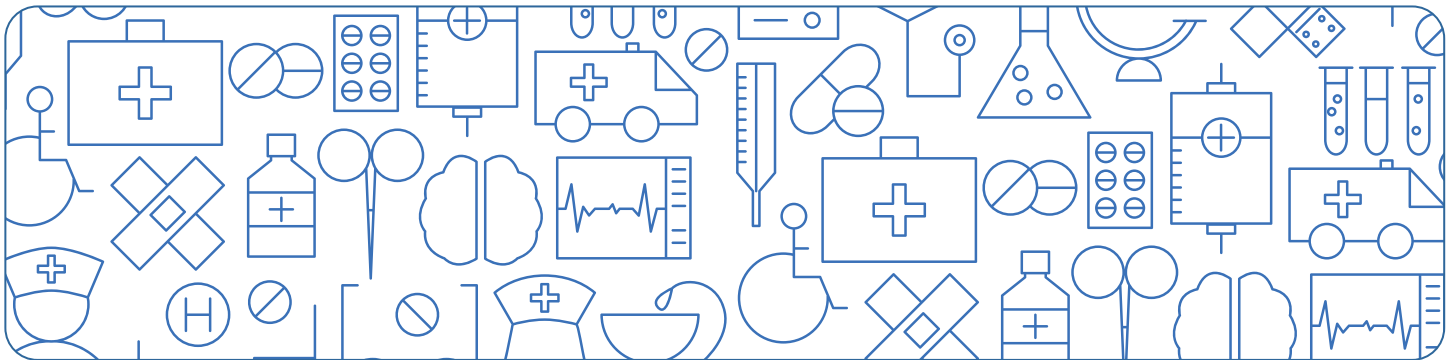
SCREENING TEST	RESULTS	SCREENING TEST	RESULTS	SCREENING TEST	RESULTS
BMI		Blood Pressure		Total Cholesterol	
HDL Cholesterol		LDL Cholesterol		Triglycerides	
Blood Glucose		Notes:			

(Signature of person screened)

Date of Screening

(Print name of in-network provider)

(Signature of in-network provider)



You are responsible for returning this completed and signed form to the Fund office.

EMAIL	MAIL	FAX
wellness@ufcwbenefitplan.com	Attn: The Wellness Department Heartland Health & Wellness Fund 7250 Poe Avenue, Suite 300 Dayton, OH 45414	937.910.0600





Why Participate?

Stay healthy, and earn incentives along the way for participating! Complete a biometric screening by **September 15, 2024** to qualify for the “with health screening” rate for your medical insurance premium in 2025. Instructions to participate are below. If you have any questions please contact the Fund office by calling **937.665.1900** or emailing wellness@ufcwbenefitplan.com.

How To Participate

- ▶ Make an appointment for a biometric screening with a Kroger Pharmacy (877.444.9689 or visit bit.ly/KrogerScreenings2024), walk into a Kroger Little Clinic or make an appointment with your in-network primary care physician between **January 1 and September 15, 2024**.
- ▶ Bring this wellness passport and your medical ID card to your appointment. Fill out the form on the back and have your health care provider enter your results and sign.
- ▶ It is YOUR responsibility to mail, email or fax your completed form to the Fund in order to receive your incentives.




SAMPLE PARTICIPANT

Member ID: **UCX123456789**

Group: **212093XXXX** For detailed benefit information including Deductible and Out of Pocket maximums, please visit [anthem.com](https://www.anthem.com)

Heartland Health & Wellness Fund Plan Code: **XXX**

Products: Medical



Where can I find my Medical ID number?

Your medical ID number is located on your Anthem medical ID card. The ID begins with UCX and is unique to your enrolled benefits. This will assist Heartland and your care team in locating you in the system.

Incentives available to participants for participating in Heartland Health & Wellness Fund wellness program are also available to participants with disabilities who are unable to participate in the screening. Contact Heartland at 937.665.1900 to learn more about your incentive or to determine eligibility to participate in an alternative wellness program with the same incentives.

Submit your form.

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wellness@ufcwbenefitplan.com	Attn: The Wellness Department Heartland Health & Wellness Fund 7250 Poe Avenue, Suite 300 Dayton, OH 45414	937.910.0600