



# 2021 HEARTLAND WELLNESS PASSPORT

## BIOMETRIC SCREENING

Form due by: **September 15, 2021**

Circle one:      MEMBER      SPOUSE

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Screening Test	Screening Result
Height	
Weight	
Blood Pressure	
Total Cholesterol	
HDL Cholesterol	
LDL Cholesterol	
Triglycerides	
Blood Glucose	

I understand this form must be fully completed and legible to be processed. Results must be from a 2021 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.

Date of screening: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Print name of in-network provider)

\_\_\_\_\_  
(Signature of person screened)

\_\_\_\_\_  
(Signature of in-network provider)



Submit form attn: Eric Mueller, Wellness Director  
 Mail: Heartland Health & Wellness Fund  
 7250 Poe Avenue, Suite 300, Dayton, OH 45414  
 Email: [wellness@ufcwbenefitplan.com](mailto:wellness@ufcwbenefitplan.com)  
 Fax: 937.665.0462

Questions? Call Heartland at 937.665.1900  
 or visit our website [heartlandwellnessfund.com](http://heartlandwellnessfund.com).



**Complete your  
screening,  
earn rewards.**



### **Why Participate?**

Stay healthy, and earn rewards along the way for participating! Complete a biometric screening at The Little Clinic, Kroger Pharmacy, or with your in-network primary care physician by **September 15, 2021**. Doing so, you'll earn the biometric screening rate on your premium for 2022. The biometric screening rate can save you up to 30% on the weekly premium. Information regarding your wellness incentive is located in your local collective bargaining agreement.

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**.

## **Earn your incentive**

1. Make an appointment for a biometric screening with a Kroger Pharmacy (877.444.9689), walk into a Kroger Little Clinic or visit your in-network primary care physician between **January 1 and September 15, 2021**.
2. Bring a wellness passport and medical ID card to your appointment. Fill out the form on the back, have health care provider enter results and sign.
3. It is YOUR responsibility to mail, email or fax your completed wellness passport to the Fund.

Submit form attn: Eric Mueller, Wellness Director  
Mail: Heartland Health & Wellness Fund  
7250 Poe Avenue, Suite 300, Dayton, OH 45414  
Email: [wellness@ufcwbenefitplan.com](mailto:wellness@ufcwbenefitplan.com)  
Fax: 937.665.0462  
Questions? Call Heartland at 937.665.1900  
or visit our website [heartlandwellnessfund.com](http://heartlandwellnessfund.com).

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.