



# 2022 WELLNESS PASSPORT

for Heartland Health & Wellness Fund participants

## BIOMETRIC SCREENING

Form due by: **September 15, 2022**

I am (select one):  a member  the spouse of a member

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

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

MEDICAL ID#: \_\_\_\_\_

\*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 2022 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)

\*Required field



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).



### Why Participate?

Stay healthy, and earn rewards along the way for participating! Complete a biometric screening by **September 15, 2022** to earn your wellness incentive for 2023. Information regarding your wellness incentive and eligibility 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](mailto:wellness@ufcwbenefitplan.com).

### Where can I find my Medical ID number?

Your medical ID number is located on your Anthem medical ID card. The number begins with a 3 letter prefix. This number is unique to your enrolled benefits and assists Heartland and your care team locating you in the system.

## How to Participate

1. Make an appointment for a biometric screening with your in-network primary care physician or another health care provider between **January 1 and September 15, 2022**.
2. Bring a wellness passport and medical ID card to your appointment. Fill out the form on the back and have your 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).