



EARN \$150 in 2016 by completing these two steps:

1. Complete a Wellness Assessment

2. Complete the online Health Survey

Member Information: (Member to complete this section – please PRINT)

Name: _____ Date of Birth: _____

Phone Number: _____ Member ID (starts with HTW): _____

I understand that the collection of my health screening data is a requirement of participation in the **State of Wisconsin Wellness Program** and my medical information will remain confidential and protected by law under the Health Insurance Portability and Accountability Act (HIPAA). I also acknowledge that I am voluntarily participating in this health screening. I understand that it is my responsibility to ensure that this form is mailed to Health Tradition by December 31, 2016.

Member signature: _____ Date: _____

Step 1: Complete a Wellness Assessment (biometric screening)

- A. Get up-to-date results on your height and weight, cholesterol level, glucose measurement, and blood pressure. You can do this by visiting your physician or attending an on-site screening event. Visit the Well Wisconsin Calendar to view more information about the times and locations of scheduled events.
- B. If you choose to go to your physician take this form with you to your appointment and have it completed by your doctor’s office. If you already had a physical in the past 6 months, have the doctor use those biometric values to complete the form.

Required Screening Results (to be completed by the medical provider)

| | | |
|----------------------------------|--------------------------------|----------------------------|
| Blood Pressure: _____/_____ mmHg | Total Cholesterol: _____ mg/dL | Triglycerides: _____ mg/dL |
| HDL: _____ mg/dL | LDL: _____ mg/dL | Blood Glucose: _____ mg/dL |
| Height: _____ | Weight: _____ | |
| Provider Signature: _____ | Date: _____ | |

Step 2: Complete the on-line Health Survey (Mayo Clinic Health Assessment)

- A. Use the above biometric values when taking the on-line Health Assessment. Go to healthtradition.com/members and click on the blue “State of Wisconsin Employees” button on the lower left. If you do not have access to a computer or need assistance in completing the assessment, call 608-392-4256.
- B. To receive the \$150 financial incentive you must participate in an on-site biometric screening **or** mail in this completed form from a recent physical **AND** take the online Health Assessment by 12/31/16. Incentive checks will be issued quarterly and paid out within six weeks of the deadlines of March 31, June 30, Sept. 30, and Dec. 31, 2015. All incentives paid to subscriber/spouse are considered taxable income to the subscriber. Health Tradition is required to report these to your employer. Health information, including responses to the health risk assessment, is protected by federal law and will never be shared with your employer. For questions call (608) 392-4256.