

AgeWell First Steps Rebate

\$50 for Seniors

PEHP Medicare Supplement members with medical coverage may earn this rebate once per year. Receive an additional \$50 by earning the **AgeWell Next Steps** rebate.

Questions about how to complete this form?
 Call 801-366-7300
 Mon-Fri (8 a.m. to 5 p.m.)
 or send a message via the Message Center in your personal account at pehp.org

Submit the completed form to PEHP Healthy Utah:
 Send via the Message Center by logging in to your personal account at pehp.org

Participant Information

NAME (Please Print)	BIRTH DATE	PEHP ID NO.	TODAY'S DATE
EMAIL ADDRESS		PHONE NUMBER	
PHYSICAL ADDRESS	CITY	ZIP CODE	

AgeWell First Steps Rebate (\$50)

STEP 1: Select and complete the activities listed below. Provide the other requested information.

STEP 2: After entering your biometrics and completing your choice of two wellness activities, submit this completed form to PEHP via the Message Center.

The form must be signed to process the rebate. Your participation will be verified and rebate will be processed.

STEP 3: Receive your rebate. Please allow 2-4 weeks for processing.

Eligible members can receive one AgeWell First Steps Rebate per plan year.

Complete the section below:

1. To qualify for a rebate of \$50, complete the following and submit rebate form after biometrics are entered and all activities are finished.

For more information on how to register for the activities listed below, visit www.pehp.org/agewell.

2. Know Your Numbers

Have you visited your health care provider within the past 12 months?

- Yes Approximate date: _____
 No

Have you been to a Healthy Utah biometric session within the past 12 months?

- Yes Approximate date: _____
 No

If known, please enter your most recent biometric values below.

Date of biometric testing: _____

Biometric Results

BMI	HEIGHT (in.)	WEIGHT (lbs.)	TOTAL CHOLESTEROL	HDL CHOLESTEROL	BLOOD PRESSURE	BLOOD GLUCOSE

3. Participate in your choice of two [Wellness Activities](#). Browse the menu of options at www.pehp.org/wellness.

Name of Activity: _____

Date of participation: _____

Name of Activity: _____

Date of participation: _____

Medicare covers an annual wellness visit with your healthcare provider. Visit medicare.gov/coverage/preventive-screening-services

Wellness Benefits Available

- » Health Coaching
- » Biometric Testing
- » Webinars
- » Online Classes
 - › Take Charge for Diabetes Prevention
 - › Diabetes and YOU
 - › Lighten Up

Find these and more wellness resources at www.pehp.org or scan the QR code below:



FOR INTERNAL USE ONLY

Verification _____

Notes _____

Initials _____

Informed Consent & Release

Confidentiality:

I understand the information I have provided in this form is confidential. As a participant of PEHP Healthy Utah, I give permission and understand that my records may be reviewed by PEHP Healthy Utah, PEHP employees or their business associates. I further understand that I may be contacted by PEHP Healthy Utah or PEHP staff for follow up education or I may be referred to specialized programs.

Assumption of Risk and Release and Waiver:

I consent to voluntarily participate in PEHP Healthy Utah and fully assume any and all risks associated with my participation. In consideration of the information that I will receive from my participation in the program and for other good and valuable consideration, I waive and release all rights and claims against PEHP and the persons administering PEHP Healthy Utah for any and all injuries, ailments, or other consequences that I may suffer from my participation in PEHP Healthy Utah and other activities, programs, and events sponsored by PEHP Healthy Utah.

Print Name: _____

Signature: _____ Date: _____