

# AgeWell Next Steps Rebate

## \$50 for Seniors

PEHP Medicare Supplement members with medical coverage may earn this rebate once per year. Submit the **AgeWell First Steps** rebate form before submitting this form.

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](http://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](http://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 Next Steps Rebate (\$50)

- STEP 1: Select and complete the required activities listed below. Provide the requested information.
  - STEP 2: After completing the activities below, 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 Next Steps Rebate per plan year. Complete the section below:

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**To qualify for a rebate of \$50**, complete the following and submit rebate form after all activities are finished. For more information on how to register for the activities listed below, visit [www.pehp.org/agewell](http://www.pehp.org/agewell).

Requirements:

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

- Name of Activity: \_\_\_\_\_  
Date of participation: \_\_\_\_\_
- Name of Activity: \_\_\_\_\_  
Date of participation: \_\_\_\_\_

### 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](http://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: \_\_\_\_\_