

ACT: Blood Pressure Improvement Rebate (\$50)

Questions about how to complete this form?

Call 801-366-7300 or

Toll free 855-366-7300

Mon-Fri (8 a.m. to 4:30 p.m.)

Return completed form to:

PEHP Healthy Utah
560 East 200 South
Salt Lake City, UT 84102

Or Fax form to:
801-328-7300

Verification: Please have this form completed and signed by your Physician.

Contact Information

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

Instructions

If your blood pressure is > 120/80, you may take the following steps to earn the Blood Pressure Improvement Rebate.

1. With your Physician, determine a healthy blood pressure goal.
2. Take steps to improve your blood pressure.
3. When you reach your goal, have your physician complete and sign this form.
4. Submit this completed rebate form to Healthy Utah. See contact information above.

Log into your online personal account at www.pehp.org to learn more about PEHP Wellness services that may benefit you and to review your personalized health improvement plan.

Lower your blood pressure to $\leq 120/80$ **OR** to a level that is identified by your physician as reasonable for you considering age and medical conditions.

Baseline Measure

Date of Measurement _____

Blood Pressure _____

Verification

Physician's Name (Please print)

Physician's Signature _____ Date _____

Improved Measure

Date of Measurement _____

Blood Pressure _____

Verification

Physician's Name (Please print)

Physician's Signature _____ Date _____

Informed Consent & Release

Confidentiality:

I understand the information I have provided in this form is strictly confidential and will not be shared outside of PEHP Health & Benefits, a program of the Utah Retirement Systems ("PEHP"), without my authorization. As a participant of PEHP Healthy Utah, I give permission and understand that my records may be reviewed by PEHP Healthy Utah and PEHP employees. 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. I understand that results on this form and from the online Health Questionnaire will be tracked over time for evaluation purposes. I also understand that PEHP Healthy Utah and PEHP may report results from this form and the online Health Questionnaire(s) to my employer but only as a group, and not as individually identifiable data. Specifically, if my employer participates with the WellRight LLC ("WellRight") wellness tracking system, I voluntarily authorize and request the use and disclosure (including paper, oral, and electronic interchange) by PEHP of my health information provided and described herein into the WellRight tracking tool on my behalf for purposes of my participation in the wellness program.

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. I declare that (1) I am free of any known heart or other serious problems; or (2) I have written approval from my physician to participate in PEHP Healthy Utah. 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, including but not limited to the biometric screening, online Health Questionnaire, and other activities, programs, and events within PEHP Healthy Utah.

Print Name: _____

Signature: _____ Date: _____