ACT: BMI Improvement Rebate ($50)

Verification: Please have this form completed and signed by your Physician or Healthy Utah staff member.

Member Information

<table>
<thead>
<tr>
<th>NAME (Please Print)</th>
<th>BIRTH DATE</th>
<th>PEHP ID NO.</th>
<th>TODAY'S DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAIL ADDRESS</td>
<td>PHONE Number</td>
<td>BEST HOURS TO CALL</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td>CITY</td>
<td>ZIP CODE</td>
<td>FAX NUMBER</td>
</tr>
</tbody>
</table>

Instructions

If your Body Mass Index (BMI) is ≥ 25, you may take the following steps to earn the BMI Improvement Rebate.

1. With your Physician or Healthy Utah Staff member, determine a healthy Body Mass Index (BMI) or body fat goal. (You may choose to focus on a BMI OR body fat goal).
2. Take steps to reach your BMI or body fat goal.
3. Get BMI or body fat rechecked by Healthy Utah staff or Physician. Have form signed by Physician or Healthy Utah staff to verify BMI or body fat.
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.

For Physician or Healthy Utah Staff Use Only

Baseline Measure

Height _______________ Weight _______________

BMI _______________ % Body Fat (if available) _______________

Date of Measurement _______________

Verification

Physician or Healthy Utah Staff Name (Please print) _______________

Physician or Healthy Utah Staff Signature _______________ Date _______________

Improved Measure

Circle A or B

A

BMI

Height _______________ Weight _______________

BMI _______________ Date of Measurement _______________

B

% BODY FAT

% Body Fat _______________ Date of Measurement _______________

Verification

Physician or Healthy Utah Staff Name (Please print) _______________

Physician or Healthy Utah Staff Signature _______________ Date _______________

For Healthy Utah Staff Use Only

Decrease BMI by 3 points → $50 for each 3 BMI pts lost ________

and/or

Reach BMI < 25 BMI → $50

Decrease body fat by 5 percentage points → $50 for each 5 percentage pts lost ________

and/or

Reach body fat < 20% males; < 28% females → $50

Total rebate amount: ________
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: _____________________________