

# ACT: BMI 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 or Healthy Utah staff member.

## Member 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 Body Mass Index (BMI) is  $\geq 25$ , 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](http://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 _____ Total rebate amount: _____	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: _____
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## **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: \_\_\_\_\_