

First Steps Rebate

Eligible members may earn this rebate once per year.

If you participated in a Healthy Utah testing session, you do not need to complete this form to receive the First Steps rebate. If you prefer to have your biometrics measured by your physician or are unable to attend a Healthy Utah testing session, complete this form with your physician and submit it to PEHP Healthy Utah.

Questions about how to complete this form?

Call 801-366-7300 or
Toll free 855-366-7300
Mon-Fri (8 a.m. to 5 p.m.)

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

First Steps Rebate (\$50)

STEP 1: Visit your physician for complete biometrics/lab screening. With your physician, complete this form and obtain physician signature.

STEP 2: Commit to participate in two wellness activities within 6 months after your office visit. Find a menu of activities at www.pehp.org/wellness.

STEP 3: Submit this completed rebate form through the Message Center on your PEHP online account at pehp.org, or your physician may submit it to PEHP Healthy Utah via fax.

STEP 4: Receive your "First Steps" rebate. Please allow 2-4 weeks for processing.

Take the Next Steps and earn another \$50 rebate for participating in additional wellness programs.

Download the Next Steps rebate form at www.pehp.org/rebates

Scan the QR code to see all PEHP wellness activities.



Biometric Results

BMI	HEIGHT (in.)	WEIGHT (lbs.)	TOTAL CHOLESTEROL	HDL CHOLESTEROL	BLOOD PRESSURE	BLOOD GLUCOSE	FASTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOBACCO USE* <input type="checkbox"/> YES <input type="checkbox"/> NO	DIABETES <input type="checkbox"/> YES <input type="checkbox"/> NO
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*Tobacco use in the last six months.

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

Physician's Information

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE OF VISIT
PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S ADDRESS	

Other Rebates

You may be eligible to earn one or more of the rebates below. To see individual rebate forms at www.pehp.org/rebates or scan the QR code.

- ☐ **Diabetes Management Rebate:** If you have been diagnosed with diabetes.
- ☐ **Tobacco Cessation Rebate:** If you currently use tobacco or have used tobacco within the past 6 months.
- ☐ **WeeCare Rebate:** If you are an expectant mother.



Signature Required - See Reverse

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.

By signing below I commit to participate in at least one PEHP Wellness Webinar and one Move More or Wellness Challenge within 6 months after my office visit.

Print Name: _____

Signature: _____

Date: _____