

Know & Plan / Good For You Rebates

Eligible members may earn these rebates once every 330 days.

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

Participant 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

“Know & Plan” Rebate (\$50)

- STEP 1: Visit your physician for complete biometrics/lab screening. With your physician, complete this form and obtain physician signature.
- STEP 2: Submit this completed rebate form to PEHP Healthy Utah by mail or fax. **Please allow 1 week for Healthy Utah staff to enter your information before proceeding to next step.**
- STEP 3: Log in to your personal account at www.pehp.org and confirm that your recent biometrics appear in your account, then take the online Health Questionnaire. **Important: rebate cannot be processed if questionnaire is taken before recent biometrics are in your account. Questionnaire must be completed within 90 days after biometrics/lab screening.**
- STEP 4: Receive your “Know & Plan” rebate!

“Good For You” Rebate (\$50)

You must meet ALL of the following criteria.

Please review **biometrics results** to determine eligibility for the “Good For You Rebate.” (Check all that apply)

- BMI <25 **OR** Body Fat Percent <28% women; <20% men
- Total Cholesterol/HDL ratio ≤ 5 (Divide your total cholesterol by HDL)
- Blood Pressure ≤ 120/80 mm/Hg
- Blood Glucose <100 mg/dL
- No Tobacco* Use (Never used tobacco or former tobacco user who quit at least six months ago)
- No Diabetes

*Includes cigarettes, cigars, pipes, nicotine, e-cigarettes, and smokeless tobacco.

Biometric Results

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

*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	

Didn't Qualify for the “Good For You” Rebate?

You may be eligible to earn one or more of the rebates below.

See Improvement Rebate Forms for details.

- Cholesterol Improvement Rebate:** If your Total Cholesterol/HDL ratio is > 5.
- Blood Pressure Improvement Rebate:** If your blood pressure is > 120/80 mm/Hg.
- BMI Improvement Rebate:** If your BMI is ≥25.
- 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.

FOR INTERNAL USE ONLY

Office Visit Date _____

Date of Labs _____

Claim Number _____

Lab Results Verified

Initial

10-31-18

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.

Print Name: _____

Signature: _____ Date: _____