

# Next Steps Rebate

Eligible members may earn this rebate once per year. Must be completed *after* Know & Plan Rebate requirements have been met.

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

Or send through Message Center on your PEHP online account at [pehp.org](http://pehp.org)

## 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	

## Next Steps Rebate (\$50)

**STEP 1:** Complete Know & Plan Rebate requirements including obtaining biometrics from a physician or Healthy Utah biometric testing session. See separate "Know & Plan Rebate" form or go to [www.pehp.org/wellness/rebates](http://www.pehp.org/wellness/rebates) for details.

**STEP 2:** Based on your biometric results and health and wellness goals and interests, select two PEHP Wellness activities to participate in. Indicate your selections below.

**STEP 3:** After completing your selected programs and activities, submit your form to PEHP Wellness. Your participation will be verified and rebate will be processed.

**STEP 4:** Receive your "Next Steps" Rebate. Please allow 2-4 weeks for processing.

**DEADLINE:** Complete activities and submit within 12 months after your biometrics were measured – either at your biometric testing session or physician office visit. Eligible members can receive one Next Steps Rebate per plan year.

**Select two of the wellness activities below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Watch 1 wellness webinar<br>Webinar Name: _____ Date viewed: _____  | <input type="checkbox"/> Participate in 1 monthly wellness challenge<br>Month/Year of Participation: _____  |
| <input type="checkbox"/> Participate in an online class (includes Lighten Up, Take Charge or Diabetes & You.)<br>Class Name: _____ Date completed: _____ | <input type="checkbox"/> Participate in Health Coaching<br>Dates of participation: _____  |
| <input type="checkbox"/> Participate in Workout Warrior for 1 month<br>Month/Year of Participation: _____  | <input type="checkbox"/> Complete a mental health "Check In" with Blomquist Hale (You must be a first responder employed by the state to qualify for this activity)<br>Date of visit: _____ |

*Participation in PEHP Wellness activities will be verified.*

## Other Rebates\*

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

\*See individual rebate forms at [www.pehp.org/wellness/rebates](http://www.pehp.org/wellness/rebates) for details.

- 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.

**FOR INTERNAL USE ONLY**

Verification _____	Notes _____
Initials _____	_____

## **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: \_\_\_\_\_