

# Next Steps Rebate

Eligible members may earn this rebate once per year. Must be completed *after* First Steps Rebate requirements have been met and the First Steps Rebate has been received.

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](http://pehp.org). Select "Healthy Utah Rebate Submissions" on the dropdown menu. Or fax it to 801-328-7300.

## Participant Information

NAME (Please Print)	BIRTH DATE	PEHP ID NO.	TODAY'S DATE
EMAIL ADDRESS		PHONE NUMBER	
PHYSICAL ADDRESS	CITY	ZIP CODE	

## Next Steps Rebate (\$50)

**STEP 1:** Complete the First Steps Rebate. Go to [www.pehp.org/rebates](http://www.pehp.org/rebates) for details.

**STEP 2:** Commit to participate in two wellness activities within 12 months after your biometric screening appointment. Visit [pehp.org](http://pehp.org) for a menu of options.

**STEP 3:** Submit this completed rebate form through the Message Center on your PEHP online account at [pehp.org](http://pehp.org). **Be sure to date and sign the back of this form.**

**STEP 4:** Receive your "Next Steps" rebate. Please allow 4-6 weeks for processing.

I commit to participating in the following:

1.  **PEHP Wellness Activities** (two).

Activity Name: \_\_\_\_\_

Activity Name: \_\_\_\_\_



Scan the QR code to see all PEHP wellness activities.

## Other Rebates

You may be eligible to earn one or more of the rebates below. View individual rebate forms at [www.pehp.org/rebates](http://www.pehp.org/rebates) or scan the QR code.

**Diabetes Management Rebate:** If you have been diagnosed with diabetes.

**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 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 two additional PEHP Wellness activities within 12 months after my biometric testing date or office visit.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_