

# Employee attestation incentive instructions

Earn extra bucks just for taking extra good care of yourself

## Follow these instructions to learn more

Good health is its own reward. We've all heard that before. And it's true. But did you know you can also get financial rewards for taking a few basic steps to staying healthy?

## Your commitment to good health can really pay off

Each year, you can get extra money from your employer as an incentive for doing a few things toward good health. Just complete the steps below and you'll get \$250 deposited into your Health Savings Account (HSA).

### Step 1: Get a yearly checkup with your doctor.

- Get the exams and tests that your doctor feels are right for you based on your age, health and whether you are male or female.
- These might include biometric screenings. Biometric screenings (tests) are simple tests that include checking things like blood pressure, cholesterol levels, triglycerides, sugar levels and body mass index (BMI).
- After you take the exams and tests, your doctor should fill out and sign the *Employee Attestation Incentive* form that came with this notice and give it back to you.

### Step 2: Give the form to your employer's benefits department.

- Your employer will process the form.
- You do not need the results of your biometric tests to hand in your form.

### Step 3: After you get your biometric test results, fill out a Health Assessment on our website.

- Go to [anthem.com](http://anthem.com) and log in using your Anthem username and password. (If this is your first visit to [anthem.com](http://anthem.com), select **Register** to complete the registration process. Once you've registered, log in to get started).
- Then simply select the **Health & Wellness** tab, look for the Health Assessment and fill it out.
- Then you've done everything you need to do.

### Step 4: We'll make sure the Health Assessment is filled out and let your employer know.

- Then your extra incentive dollars will be deposited into your HSA.
- Please know that your privacy matters to us. Rest assured, we'll only let your employer know that you filled out the Health Assessment. No other health information will be given out. Everything you put in the Health Assessment will stay private between you and your health plan.

### Have a question about these steps?

Speak with your employer's benefits office.

### Need help with your Health Assessment?

Contact our Customer Service department at 1-800-233-4947, Monday – Friday, 8 a.m. – 5 p.m. EST.

# It pays to stay healthy. So get started today!

## ATTESTATION FOR \$250 WELLNESS INCENTIVE

**PLEASE DO NOT FAX THIS FORM!**  
THE ORIGINAL SHOULD BE SUBMITTED DIRECTLY TO:  
Sandra Franklin, Human Resources  
740 Main Street  
East Hartford, CT 06108

### 2015 ANNUAL ROUTINE PHYSICAL EXAM FORM

Each employee covered by a Town of East Hartford High Deductible Health Plan has been asked to have an annual routine physical examination performed during the 2015-2016 plan year. This routine physical should consist of the items listed below as deemed appropriate by the employee's primary care provider.

Once the exam is complete, please sign and date this form and return it to the patient so they may turn it in to HR. You may also mail the form directly. Please do not fax, we need the original signature. **Please provide the employee with biometrical results of their exam and lab work. They may use this information to complete an online Health Risk Assessment with Anthem.**

The Routine Physical Exam Should Include the Following:

- ❖ Preventive Physical Exam, which includes medical and family health history, assessment of lifestyle (diet, stress, exercise, etc.) general system examination (heart, lungs, throat, thyroid, ears, skin, joints, etc). and measurement of height and weight
- ❖ Routine blood pressure and urine screenings
- ❖ Cholesterol and lipid level screenings
- ❖ Blood glucose screening
- ❖ Eye chart vision screening
- ❖ Immunizations (tetanus every ten years, others as appropriate)
- ❖ Pelvic examination, Pap Smear, and Mammography screenings
- ❖ Prostate examination and prostate specific antigen blood test (PSA) (*males only*)
- ❖ Colorectal cancer screening

You, as the health care provider will determine which one of several types of screenings is most appropriate and at what age it should be done.

**I certify that I performed a routine physical exam on Town of East Hartford employee:**

\_\_\_\_\_

and that the **employee has had all appropriate screenings.**

Physician's Name: \_\_\_\_\_

Date of Physical: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_