

Wellness Affidavit Form

Instructions: Provide this Form to the Medical Professional that completes your exam, then send your form to the Fund office.

Wellness Incentive: Employees that return this form completed will receive a \$10.00 weekly premium discount.

Due Date: During Open Enrollment, forms are due by the Open Enrollment close date. New eligible employees have 60 days to complete enrollment.

Step 1: Employee Complete	
Employee's Name	Date of Birth (MM/DD/YYYY)
Employee ID	
Employee Phone	Employee Email Address
	Do you Opt-in to Electronic Communication? Yes or NO
Participant Signature	Date Signed

Step 2: Medical Professional Complete	
Blood Pressure	Please check (<input type="checkbox"/>) YES Reading _____
BMI	Please check (<input type="checkbox"/>) YES Reading _____
Total Cholesterol	Please check (<input type="checkbox"/>) YES Reading _____
Blood Sugar	Please check (<input type="checkbox"/>) YES Reading _____
Medical Professional Signature	Date Signed
Medical Professional's Name (Please Print)	UPIN/NPI/EIN
Address	Phone Number

Step 3: Employee Return Form to:
<p>UFCW Local 1529 & Employers H&W Plan & Trust 661 North Ericson Road Cordova, TN 38018 Fax to 901-758-3021 Upload to www.bams.bz</p>

Choose an In-Network provider and the visit is covered 100% under Preventive Care!

Options include but are not limited to:

Kroger Pharmacy, The Little Clinic, Primary Care Doctor, Family Practitioner