



##16CHOICE#####

Wellness Rewards Form



Employee Information

| | | | |
|----------------------------|--|-----------------------------|---------------|
| Company Name: | | | |
| Employee Last Name: | | Employee First Name: | SSN: |
| Address: | | City: | State: |
| | | | Zip: |

Not all Activities/Goals listed below will be eligible for additional funding on your plan. To find out which types of expenses are eligible on your plan, please reference your plan funding sheet by logging in to your online account with Choice Strategies and checking your plan funding card, or contact Member Services at 1-888-278-2555 option 2.

| Select | Activity | Documentation Required | Date Completed |
|--------------------------|---------------------------------|--|----------------|
| <input type="checkbox"/> | Health Risk Assessment | Health Risk Assessment or confirmation that health risk assessment was completed | |
| <input type="checkbox"/> | Gym Membership | Proof of membership | |
| <input type="checkbox"/> | Annual Exam | Explanation of Benefits from Insurance Carrier or provider statement | |
| <input type="checkbox"/> | Dental Cleaning | Provider Bill or Insurance Statement for dental cleaning | |
| <input type="checkbox"/> | Vision Exam | Provider Bill or Insurance Statement listing vision exam / credit card receipt showing payment for vision exam | |
| <input type="checkbox"/> | Smoking Cessation Participation | Proof of enrollment in class or program such as a provider bill listing Smoking Cessation program, or Doctor's note /prescription for Smoking Cessation aids (medication, gum, patches, etc) | |
| <input type="checkbox"/> | Weight Loss Program | Proof of enrollment in weight loss class or program such as Weight Watchers meetings, physician directed classes, appointment with nutritionist, etc. Does not include exercise classes or videos, and purchase of diet foods not eligible | |
| <input type="checkbox"/> | Biometric Screening | Completed biometric screening such as cholesterol, blood pressure, glucose levels, body mass index BMI, etc. | |
| <input type="checkbox"/> | Healthy Activity Classes | Proof of enrollment in a health activity class such as Yoga, Zumba, Cycling, etc. | |
| <input type="checkbox"/> | Preventative Services | Flu Shots, Mammograms, Colonoscopies. | |

Mail to: Choice Strategies, P.O. Box 2205, South Burlington, VT 05407 or Fax 1-877-723-0148