



# 2023 WELLNESS PASSPORT

for Heartland Health & Wellness Fund participants



Questions? Call Heartland at 937.665.1900.

## BIOMETRIC SCREENING

Form due by: **September 15, 2023**

I am (select one): ☐ a member ☐ the spouse of a member

\*First name: \_\_\_\_\_

\*Last name: \_\_\_\_\_

MEDICAL ID#: \_\_\_\_\_

\*Last 4 digits of SS#: \_\_\_\_\_

\*Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Screening Test	Screening Result
Height	
Weight	
Blood Pressure	
Total Cholesterol	
HDL Cholesterol	
LDL Cholesterol	
Triglycerides	
Blood Glucose	

I understand this form must be fully completed and legible to be processed. Results must be from a 2023 biometric screening to be eligible. **Please remember to fast 12 hours in advance.** By signing this form, I agree with the health screening results provided. I hereby authorize the medical health care provider and/or medical facility to release the health data to the Fund's wellness and claims analysis providers and the Heartland Health & Wellness Fund.

Date of screening: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Print name of in-network provider)

\_\_\_\_\_  
(Signature of person screened)

\_\_\_\_\_  
(Signature of in-network provider)

\*Required field

You are responsible for returning this completed and signed form to the Fund office.



**EMAIL**

wellness@ufcwbenefitplan.com



**MAIL**

Attn: The Wellness Department  
Heartland Health & Wellness Fund  
7250 Poe Avenue, Suite 300  
Dayton, OH 45414



**FAX**

937.665.0462



## Why Participate?

Stay healthy, and earn rewards for participating! **September 15, 2023** is the deadline to earn \$125 for completing a biometric screening and \$100 for completing a health assessment. Eligible enrolled spouses can earn the same amount, for a total of up to \$450. You will also earn the “with health screening” rate for your medical insurance premium in 2024.

Instructions to participate are below. If you have any questions please contact the Fund office by calling **937.665.1900** or emailing [wellness@ufcwbenefitplan.com](mailto:wellness@ufcwbenefitplan.com).

## Where can I find my Medical ID number?

Your medical ID number is located on your Anthem medical ID card. The ID begins with UCX and is unique to your enrolled benefits. This will assist Heartland and your care team in locating you in the system.

## How To Participate

1. Make an appointment for a biometric screening with your in-network primary care physician, Kroger Pharmacy (877.444.9689), or walk into a Kroger Little Clinic or CVS Minute Clinic between **January 1 and September 15, 2023**.
2. Bring this wellness passport and your medical ID card to your appointment. Fill out the form on the back and have your health care provider enter your results and sign.
3. Complete the health assessment survey.
4. It is YOUR responsibility to mail, email or fax your completed form and your health assessment to the Fund in order to receive your wellness incentive.

## Submit your form

Submit form attention to:  
The Wellness Department



**EMAIL**

[wellness@ufcwbenefitplan.com](mailto:wellness@ufcwbenefitplan.com)



**MAIL**

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7250 Poe Avenue, Suite 300  
Dayton, OH 45414



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*Incentives available to participants for participating in Heartland Health & Wellness Fund wellness program are also available to participants with disabilities who are unable to participate in the screening. Contact Heartland at 937.665.1900 to learn more about your incentive or to determine eligibility to participate in an alternative wellness program with the same incentives.*