



BIOMETRIC SCREENING FORM

Follow these steps to receive credit for your participation in the Wellness Rewards Program:

- 1. Biometric Screenings must be completed and returned between June 1, 2018 and November 30, 2018.**
Newly benefits enrolled after 11/01/2018 must complete and submit their biometric screening by 5/31/2019.
 Please call the Wellness Rewards Customer Service Team at 800-591-9220 for information as your program requirements may be different.
- 2. Complete your screening at either an onsite biometric screening event, at a property Wellness Clinic, with your WellNurse, or with an in-network provider. Check with ClearCost to find an in-network provider in your area!**
Please call the Wellness Rewards Customer Service Team at 800-591-9220 for information on how to schedule your screening appointment.
- 3. A fully completed form and signature is required. Print all requested information clearly. Forms with information missing from either section will be returned for correction, which will delay your Wellness Rewards credit.**
- 4. Review your results.** If your values are higher than those listed in the "Wellness Rewards Goals" section below please talk to your WellNurse about your Condition Management requirement.
- 5. Return this form completed and signed to your onsite WellNurse by November 30, 2018.**
 Note: Completed and signed forms may also be faxed to 855-816-3504 or emailed wellnessrewardsfax@cigna.com.

Section 1 - to be completed by participant: PARTICIPANT INFORMATION

First Name:	Last Name:	Property/Location Code:	Employee 800 Number (or Benefit Plan ID):
Street Address, City, State, Zip:		Email Address:	
Date of Birth:	Relationship: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number: ())

Participant Acknowledgement and Signature

This Biometric Screening collects the health information identified below to help you manage your health and wellness under the Wellness Rewards Program. Caesars has implemented administrative safeguards to protect the confidentiality of your personal health information as required under the Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and Genetic Information Nondiscrimination Act (GINA). Your participation is completely voluntary. However, if you choose not to participate, you may be ineligible for certain Wellness Rewards. Sign below to confirm your understanding and to authorize the collection of your Biometric Screening. *Biometric Screening values reported on this form will be used to determine if you have earned a bonus reward for 2019.*

Participant Signature: _____

Date: _____

Please check where you completed your biometric screening:

- Onsite Screening Event Cigna Clinic WellNurse Office Premise Health Clinic Primary Care Physician
 Other/Convenient Care Clinic(i.e. Walgreens): _____

Section 2 - to be completed by the provider: BIOMETRIC SCREENING

Note to Provider: Please code this service as preventive. Your patient is participating in a special health awareness program called Wellness Rewards. Your patient has chosen to provide a Cigna WellNurse with proof of the below screenings to qualify for financial incentives from their employer. Any information you provide remains confidential between you, the patient, and Cigna. Please complete and sign this form so your patient can receive their rewards.

Please send all biometric lab work to an in-network lab.

BIOMETRIC SCREENING RESULTS

<input type="checkbox"/> Non-Fasting Results Date of Screening: _____	Health Metric	My Current Numbers
<input type="checkbox"/> Fasting Results _____	Height	_____ ft. _____ in.
Wellness Rewards Bonus Goals:	Weight	_____ lbs.
BMI: Less than 28, or 10% weight loss, or Body fat % in desirable range based on age and gender	BMI/Body Fat Percentage	BMI _____ & BF% _____
Blood Pressure: Less than 140 and 90	Waist Circumference	_____
Glucose: Fasting and Non-fasting less than 100 mg/dl	Blood Pressure	_____
Cholesterol: HDL Ratio Less than 4.0	Total Cholesterol	_____
	HDL	_____
Required: if your screened values are above the Wellness Rewards Goals, completion of the Condition Management program may be required by 5/31/2019. Call 800-591-9220 for more information.	TC/HDL Ratio	_____
Participant Initial _____	Glucose/Blood Sugar	_____

Did the participant also complete an Annual Physical between June 1, 2018 and May 31, 2019? Yes No N/A
 Date of Annual Physical: _____ Provider Signature: _____

Provider or Lab Technician Information

Provider Name: _____
 Provider Signature: _____ Title: _____
 Date: _____ Phone Number: () _____

Special Notes to Participants: If you are pregnant, you do not need to complete a Biometric Screening. Please call the Wellness Rewards Customer Service Center at 800-591-9220 about the pregnancy process and how to receive Wellness Rewards credit.