



2018 WELLNESS PASSPORT

Heartland Health & Wellness Fund

BIOMETRIC SCREENING

Complete biometric screening with an in-network primary care physician, Kroger Pharmacy (877.444.9689) or walk into a Kroger Little Clinic by **September 15, 2018**.

First name: _____

Last name: _____

Last 4 digits of SS#: _____

Date of birth: ____ / ____ / ____

Email: _____

Telephone: _____

Address: _____

City: _____

State: _____ Zip code: _____

Screening Test	Screening Result
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 2018 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: ____ / ____ / ____

(Participant Name)

(Print name of in-network provider)

(Signature of in-network provider)

(Signature of person screened)



Submit form attn: Eric Mueller, Wellness Director
 Mail: Heartland Health & Wellness Fund
 7250 Poe Avenue, Suite 300, Dayton, OH 45414
 Email: wellness@ufcwbenefitplan.com

Complete and submit wellness passport by **Saturday, September 15, 2018**.
 Questions? Call Heartland at 800.433.1204 ext. 2070
 or visit our website heartlandwellnessfund.com.