



BUTLER UNIVERSITY WELLNESS INCENTIVE FORM

Name of person who is receiving this wellness exam and screening: _____
(PLEASE PRINT)

Is this the: Employee Spouse Date you signed this page: _____

Employee Name (Please Print): _____ Employee ID #: _____

Employee signature: _____ Employee Date of Birth: _____

Employee is currently enrolled in this Butler Medical Plan (Check one): **PPO Core** **PPO Plus** **CDHD HSA**

*My signature above means I understand that I am voluntarily receiving a wellness exam and screening and voluntarily giving this completed form to HR Benefits in Butler University's Human Resources department. Also, by signing this form, I am giving permission for Butler University to verify the information below by phone call to my physician. **Please make sure your physician's office retains a copy of this form for their records.***

TO BE COMPLETED BY IN NETWORK MEDICAL PROVIDER:

Butler University will pay a wellness incentive to the person named above for seeing an in network medical provider and having certain wellness screenings as noted below. **Please confirm which of these screenings have been performed. By checking "Yes", you are confirming the labs have been done and the results have been received.**

PLEASE CHECK THE APPROPRIATE BOX(S) BELOW:

- 1. Yes No **Blood pressure screening**
- 2. Yes No **Height/Weight**
- 3. Yes No **Wellness Lab work (such as CBC, lipid panel and glucose).**

Name of In Network Medical Provider: _____

Address of In Network Medical Provider: _____

Phone Number of In Network Medical Provider: _____

Signature of In Network Medical Provider: _____ Date _____

EMPLOYEE OR SPOUSE: Return this completed form to Human Resources. Information is subject to verification before your wellness incentive is paid.



To be completed by HR Benefits:

Date form received: _____ Is form complete and information verified? **Yes** **No**

If yes, date to accounting for payment: _____ If no, date returned to employee for completion: _____

Medical Plan _____ Tier _____

Please note: Incentives will be processed monthly upon receipt and verification of the form.