

# AFFILIATED PHYSICIANS AND EMPLOYEE HEALTH PLAN 2017 WELLNESS PROGRAM ENROLLMENT FORM

## Guidelines for Employee Eligibility and Participation

APEHP is committed to the health and well-being of our members. To that extent, this wellness rewards program is our way of rewarding you for putting your health first. The following guidelines are required for participation:

**STEP 1: Complete enrollment form.** Upon receipt of this completed enrollment form, you will receive a Welcome letter and your Health Actions form. The 2017 program runs from 4/1/17 through 12/31/17. This Enrollment form must be received by 4/30/17 in order to be eligible for the program.

Only you as the enrolled subscriber (employee) are eligible for this program. Spouses and dependents are not currently eligible for the reward but still encouraged to complete the health actions. You must also be at least 18 years of age and complete all applicable requirements to be eligible for reimbursement.

**STEP 2: Completion of Health Actions.** You must complete the following health actions and have your physician date and sign the Health Actions form by 12/31/17 in order to be eligible for your reward. Exceptions can be requested if you have already received any of your health actions between 1/1/17 and 3/31/17 by having your physician date and sign the form for those previously completed actions.

- Health Assessment Questionnaire Completion
  - This action can be completed on line by going to [www.qualcareinc.com](http://www.qualcareinc.com) and select Go to My QualCare. The completion of the HRA does not require physician signature.
- Biometric Screening
  - Blood Pressure
  - Body Mass Index (BMI) Screening
  - Cholesterol & Glucose Screening
- Health Exams/Screenings
  - Annual Physical Exam
  - Colorectal Screening<sup>1</sup>
  - Mammography Screening<sup>2</sup>

**STEP 3: Submit Completed Health Action Form.** The form must be received by the APEHP at the address/fax below by January 10, 2018.

**STEP 4: Receive reward.** Upon completion of the online health assessment and receipt of the Health Actions form, you will be eligible to receive a **\$50** wellness reward once verification of screenings/assessments is completed. The reward will be mailed to your home within approximately 60 days from receipt.

<sup>1</sup> All individuals over age 50 should have colorectal screening performed once every 5 years. If you have previously met this requirement or your physician opts you out, you can have your physician sign the form indicating the reason.

<sup>2</sup> All women age 40 and older should have a mammography screening performed once per year

If you would like to participate in our Wellness Program, please sign and return this form by one of the following:

**Fax:** 732-465-7328

**Mailing address:**

Affiliated Physicians & Employers Health Plan  
30 Knightsbridge Road  
Piscataway, NJ 08854  
Attn: Operations Coordinator

\_\_\_\_\_  
Member's Full Name (Please Print)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member Health Plan ID # (from ID Card)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employers Name  
(Please Print)

**Powered by QualCare**

30 Knightsbridge Road Piscataway, NJ 08854  
1-888-670-8135 | [mewasales@qualcareinc.com](mailto:mewasales@qualcareinc.com)

**Affiliated Physicians &  
Employers Health Plan**

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