

State of Rhode Island Rewards for Wellness Program

BMI Co-Share Incentive Form



Eligible employees* have the following options to qualify for the BMI co-share incentive credit:

1. If your BMI is **below** 30, then screening can be completed at Health Fair **or** physician's office.
2. If your BMI is 30 or over or if you do not want your BMI screened, then complete one of the following to qualify for \$100 co-share incentive credit:
 - Enroll in an approved weight loss program, such as Weight Watchers OR
 - Submit proof of gym membership for at least three months during the incentive offer (8/1/13–3/26/14) OR
 - Attend 3 visits with an in-network nutritionist/dietician (no co-payment if BMI \geq 30).

*All State of RI employees are eligible to participate in Rewards for Wellness Activities, but only employees who are paying State employee medical co-shares posted at www.employeebenefits.ri.gov are eligible to receive incentives for co-share credit.

Name (please print): _____ DOB: _____

Contact Phone Number: _____

UHC Subscriber/Member ID (on UHC card) OR SSN: _____

- For BMI **under** 30, request your physician fill out the following information if you did not obtain a BMI screening at a health fair:

_____ Date of Physician Screening Height _____ ft _____ in Weight _____ lbs

Body Mass Index (BMI): _____

Physician's Signature: _____ **Date:** _____

Name of Physician (please print): _____

Physician Address/Telephone: _____

In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.

OR

- Attach copy of receipt showing enrollment in Weight Watchers or an approved weight loss program.

OR

- Attach copy of receipt(s) showing three-months of gym membership any time from 8/1/13 to 3/26/14.

Name of gym: _____

OR

- List dates of visits and name of in-network Nutritionist/Dietician for verification through UHC system.

1. _____ 2. _____ 3. _____
Name of Nutritionist _____

Employee must mail/fax this form and any necessary documentation by March 26, 2014 to:

Linda McCormick
UnitedHealthcare
475 Kilvert Street Warwick, RI 02886

Fax Number: **401-732-7211**

Please keep a copy of your fax confirmation for proof of submission.

For more details, please see the FAQs at www.wellness.ri.gov.

