



# 2023 WELLNESS PASSPORT

for Heartland Health & Wellness Fund participants



Questions? Call Heartland at 937.665.1900.

## BIOMETRIC SCREENING

In order to be eligible for auto-enrollment for 2024 benefits, participants must be enrolled in 2023 benefits, remain eligible for benefits and complete and submit your biometric screening form by **September 15, 2023**.

\*First name: \_\_\_\_\_

\*Last name: \_\_\_\_\_

MEDICAL ID#: \_\_\_\_\_

\*Last 4 digits of SS#: \_\_\_\_\_

\*Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Screening Test	Screening Result
Height	
Weight	
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 2023 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Print name of in-network provider)

\_\_\_\_\_  
(Signature of person screened)

\_\_\_\_\_  
(Signature of in-network provider)

\*Required field

You are responsible for returning this completed and signed form to the Fund office.



**EMAIL**

wellness@ufcwbenefitplan.com



**MAIL**

Attn: The Wellness Department  
Heartland Health & Wellness Fund  
7250 Poe Avenue, Suite 300  
Dayton, OH 45414



**FAX**

937.665.0462

Preventive