

How to Complete Your Validated Biometric Screening

Thank you for participating in the 2015 Healthy Life Incentive program. Completing your online health assessment at myCigna.com and submitting validated biometric results are the prerequisites to earning 2015 incentives.

- Employees and covered spouses/partners enrolled in the Cigna Medical Plan must submit biometric screening results from January 1, 2014 through December 31, 2015 and complete the online health assessment at myCigna.com January 1, 2015 and December 31, 2015 to qualify for earning 2015 incentives.
- Biometric results must include: **blood pressure, total cholesterol and height/weight or BMI**. All results are confidential.

1) Complete Your Form

- **Fill out the Patient Information Section and sign.**
 - **Please note:** biometric results from January 1, 2014 or more recently that were previously submitted, do not need to be re-submitted.
- **Schedule an appointment** (unless you had one since January 1, 2014 or more recently)
 - Healthy Life Care Center — the clinic staff will submit the information for you (available to spouses/partners in Chattanooga and Scranton clinics)
 - Primary care doctor as part of a wellness visit or annual physical
 - Specialist visit — If currently under the care of a specialist and have results that satisfy the biometric requirements
 - Health fair — Such as onsite screenings with Summit Health
 - Other providers (e.g. convenience care) — Call to confirm, as these centers are not always equipped to provide the all service you need
- **Have your health care professional complete the Health Measurement Section.**
 - If you use Quest or LabCorp for lab tests (e.g. cholesterol), only your blood pressure and height/weight or BMI will need to be provided on the form. *Please note: you need a prescription for lab work from your doctor to use Quest or LabCorp. Walk-ins are not accepted.*
- **Have your health care professional complete the Physician Information Section and sign. Make sure you sign the form as well.**

2) Submit Your Form

- Forms can be submitted online at mycigna.com. Log in to mycigna.com, select *Incentive Awards Program*, and look to the right side of the page for electronic upload feature.
- Forms can be mailed or faxed to the address at the top of the **Biometric Validation Form**.
- If your form is incomplete, it will be mailed back to you within two days of receipt explaining what's required for completion.

3) Learn more about earning incentives at www.cigna.com/healthylife. Questions? Call **Cigna Customer Service** at **1-888-992-4462**.

BIOMETRIC VALIDATION FORM

Instructions for patients and health care professionals

- ▶ Print a copy of this form and bring it with you to the doctor's office.
- ▶ Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- ▶ Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- ▶ Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- ▶ If you have any questions, please call 888.992.4462.

Marking instructions

A	B	C	D	E	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---

Shade like this → ●
Not like this → ⊗ ⊙

Forms may be sent by:

MAIL: Cigna Customer Service
PO Box 5201-5201
Scranton, PA 18505

FAX: 1.877.916.5406
Enter on the fax cover sheet:
"CONFIDENTIAL"

ONLINE: Electronically upload your form at myCigna.com

PATIENT INFORMATION

Relationship: Subscriber Spouse/domestic partner Dependent Gender: Male Female

Patient's First Name MI Patient's Last Name

Street Address, Apt Number, PO Box

City State Zip

Patient Date of Birth
MM DD YYYY
Preferred Telephone Number Is this a home or cell number?

Social Security (SSN) Last 4 numbers *Note: Please use the last 4 digits of patient's SSN* Patient's Cigna ID Number on ID card Cigna Group Account Number on ID card

Customer Signature (required). My signature means that the information on this form is correct. Today's Date MM DD YYYY

I understand that Cigna receives this information, and may use for determining my eligibility for incentives when applicable.

WELLNESS SCREENING INFORMATION

BMI . Height/weight (required) Feet Inches Pounds Waist circumference Inches Blood pressure Systolic Diastolic

Fasting blood sugar mg/dl OR Non-fasting blood sugar mg/dl Total cholesterol mg/dl LDL cholesterol mg/dl HDL cholesterol mg/dl

Health Care Professional/Doctor First Name MI Health Care Professional/Doctor Last Name

City State Zip

Today's Date MM DD YYYY

Signature of Health Care Professional/Doctor (required)

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

"Cigna" and the "Tree of Life" logo are registered service marks, and "Together, all the way." is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, and not by Cigna Corporation. Such operating subsidiaries include Cigna Behavioral Health, Inc., Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. 859506 10/14 © 2015 Cigna.

