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.

BIOMETRIC VALIDATION FORM

Marking instructions

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
Cigna Group Account Number on ID card
Is this a home ○ or cell ○ number?
Preferred Telephone 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
Customer Signature (required). My signature means that the information on this form is correct.
Customer Signature (required). My signature means that the information on this form is correct.
Today’s Date MM DD YYYY

WELLNESS SCREENING INFORMATION

BMI
Height/weight (required)
Feet   Inches     Pounds
Fasting blood sugar mg/dl
Non-fasting blood sugar mg/dl
OR
Waist circumference Inches
Blood pressure
Systolic
Diastolic
Total cholesterol mg/dl
LDL cholesterol mg/dl
HDL cholesterol mg/dl

Date MM DD YYYY

Health Care Professional/Doctor First Name               MI          Health Care Professional/Doctor Last Name
City                  State           Zip
Signature of Health Care Professional/Doctor (required)
Today’s Date MM DD YYYY

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).

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