



Healthy Life Validated Biometric Screening Instructions

Thank you for participating in the 2018 Healthy Life Incentive program. Completing your online health assessment at www.myCigna.com is required to receive 2018 incentives. This can be completed any time in 2018.

- Employees and covered spouses/partners enrolled in the Cigna Medical plan may submit biometric screening results from January 1, 2017 through December 31, 2018.
- Biometric results may include BMI, **blood pressure, glucose, and/or total cholesterol**. Each result that meets the following requirements will earn \$75, up to a total of \$300.

- BMI <30
- Blood pressure <140/90
- Glucose <140
- Total cholesterol <239

1) Complete Your Form

- If you are unable to meet the above requirements you may qualify for an alternative activity. Please call 888-992-4462.
- **Fill out the Patient Information Section and sign.**
 - **Please note:** If you have already submitted biometric results from a screening or physician visit that occurred on or after January 1, 2017, you do not need to resubmit them.
- **Schedule an appointment**
 - Healthy Life Care Center — the clinic staff will submit the information for you (available to spouses/partners in Bloomfield, 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 (e.g. Well Woman exam with ob-gyn specialist)
 - Health fair — Such as onsite screenings
 - Other providers (e.g. convenience care) — Call to confirm, as these centers are not always equipped to provide the all services you need
- **Have your health care professional complete the Wellness Screening Section.**
- **Have your health care professional complete and sign the health care professional/doctor information section. Make sure you sign the form as well.**

2) Submit Your Form

- Forms can be mailed, faxed, or submitted online per the instructions 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.
- You may submit multiple forms to provide new or updated results. All results are not required on a single form, but may be submitted as one.

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
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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

Gender: Male Female

Patient's First Name

MI

Patient's Last Name

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Street Address, Apt Number, PO Box

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City

State

Zip

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Patient Date of Birth

MM

DD

YYYY

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Preferred Telephone Number

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Is this a home or cell number?

Social Security (SSN) Last 4 numbers

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Note: Please use the last 4 digits of patient's SSN

Patient's Cigna ID Number on ID card

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Cigna Group Account Number on ID card

3	1	7	4	7	0	4
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Customer Signature (required). My signature means that the information on this form is correct.

MM

DD

YYYY

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Today's Date

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

I understand that providing this authorization for Cigna and the employer sponsored wellness program to collect my health information is voluntary under the employer wellness program.

WELLNESS SCREENING INFORMATION

BMI

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Height/weight (required)

Feet Inches Pounds

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Waist circumference
Inches

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Blood pressure
Systolic Diastolic

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Fasting blood sugar
mg/dl

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Non-fasting blood sugar
mg/dl

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OR

Total cholesterol
mg/dl

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LDL cholesterol
mg/dl

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HDL cholesterol
mg/dl

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Date

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Health Care Professional/Doctor First Name

MI

Health Care Professional/Doctor Last Name

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City

State

Zip

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Signature of Health Care Professional/Doctor (required)

MM

DD

YYYY

Today's Date

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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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Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.