



Diocese of Austin
Wellness Program Application
Reimbursement

Name: _____

Address: _____

Employee members of the Diocese of Austin's Health Plan are eligible to receive a \$250 Wellness Incentive when a yearly annual exam is completed and three (3) of the four (4) remaining criteria are met. Check (v) the four (4) you have completed:

- Undergo an age and gender appropriate annual Physical Health Examination * REQUIRED***
- Log/Register on the Blue Cross Blue Shield website**
- Complete a Biometric Screening using the designated lab**
- Complete the Health Risk Assessment (HRA) on the Blue Cross Blue Shield website**
- Participate in a qualifying Blue Cross Blue Shield Disease Management Program, if applicable**

Once you have completed four (4) of the five (5), submit this application to the Diocese of Austin, Finance Office. Must complete all of the requirements within the same quarter. Reimbursement will be issued on a quarterly basis.

Blue Cross Blue Shield will provide a quarterly report of all those that completed the Wellness Program. All medical results are kept confidential and will not be shared with the Diocese of Austin.

Employee's Signature

Date

Payment Schedule

<u>Quarter</u>	<u>Due</u>	<u>Paid</u>
Jul – Sept	10/13/2017	10/20/2017
Oct – Dec	1/12/2018	1/19/2018
Jan – Mar	4/13/2018	4/20/2018
Apr – Jun	7/13/2018	7/20/2018