



Fitness Outcome Based Incentive Validation Form

COMPLETING AND SUMITTING THE FITNESS OUTCOME BASED INCENTIVE VALIDATION FORM

Please confirm with your HRO or TakeCare Customer Service if you are eligible to receive the Wellness Fitness Incentive in your plan. Screening and submission of data must be completed within the calendar quarter (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec) to qualify for incentive on the respective quarter. Refer to your Supplemental Wellness Incentive package for incentive criteria/requirement.

Have your fitness partner complete and validate the second portion of the form. Any incomplete or non-validated form will be denied and your incentives will not be processed by TakeCare.

You may submit the completed incentive form by:

1. Hand deliver to TakeCare Saipan Office:
3rd Floor, TSL Plaza
Beach Road, Garapan, Saipan MP 96950
Monday - Friday 8 a.m. - 5 p.m.
Saturday, Sunday and Holidays - Closed
2. Or mail to: Mailing Address: P.O. Box 500118 Saipan MP, 96950
3. Or Fax to: (670) 234 - 3742

If you have questions or would like to get more information on TakeCare's fitness incentive program, please contact: (670) 235 - 0994/6-8

MEMBER INFORMATION (THIS SECTION TO BE COMPLETED BY MEMBER)

(Last Name, First Name, Middle Initial)

(Employer Group)

(TakeCare Member Number)

Date of Birth (MM/DD/YYYY): _____

Subscriber

Dependent

BIOMETRIC SCREENING (THIS SECTION TO BE COMPLETED BY FITNESS PARTNER/GYM)

SCREENING DATE (MM/DD/YYYY): _____

HEIGHT _____ (ft./in.)

WEIGHT _____ lbs.

BODY FAT _____ %

WAIST CIRCUMFERENCE: _____ (INCHES)

BODY MASS INDEX (BMI) _____ %

SCREENED BY: _____

SIGNATURE: _____

FITNESS PARTNER/GYM: _____