



## 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 Take Care. You may submit the completed incentive form by:

1. Hand deliver to TakeCare Customer Service (drop box available)  
1st Floor, Baltej Pavilion  
Chalan San Antonio, Tamuning, GU 96913  
Monday - Friday 8 a.m. - 5 p.m.  
Saturday, Sunday, and Holidays - Closed
2. Or mail to: P.O. Box 6578 Tamuning, GU 96931
3. Or fax to: (671) 647-3541

If you have any questions or would like more information on TakeCare's Fitness Incentive Program, please contact: (671) 647-3526

### 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: \_\_\_\_\_