

HOW TO CLAIM YOUR WELLNESS INCENTIVES:

1. Complete all sections of this form
2. Submit to TakeCare Customer Service Office
 - a. In Person: Century Plaza, 2nd Floor, Tamuning
 - b. Email: customerservice@takecareasia.com

MEMBER INFORMATION			
Name:			
Member ID Number:		Date of Birth:	
Home Phone:	Work Phone:	Mobile Phone:	
Email:			
Are you enrolled in TakeCare's Wellness Disease Management or Case Management Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BIOMETRIC INFORMATION (To be completed by a physician, TakeCare Wellness Team, or TakeCare Fitness Partner)			
Date of Screening:	Height (inches):	Weight (lbs):	
Body Mass Index (BMI):	Body Fat % (Percentage):	Waist Circumference (inches):	
CLINICAL LAB RESULTS (To be completed by a physician or TakeCare Wellness Team)			
Date of Screening:		Fasting Status: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Blood Pressure:		HbA1c %:	Random Blood Glucose:
Total Cholesterol:	HDL:	LDL:	Triglycerides:
PROVIDER INFORMATION			
Name:		Clinic/Facility:	Signature:
ACKNOWLEDGMENT OF UNDERSTANDING			
<p>Eligible members must participate in the Plan for at least three (3) months of continuous coverage within the benefit period, are active members by the end of the benefit period, and must have paid all premiums due for the benefit period. Wellness incentives are calculated six (6) months after the end of the benefit period, and payment will be made within thirty (30) business days. Incentives will only be paid under the member's primary insurance if the member is covered under multiple TakeCare plans and are payable to the subscriber. The member is responsible for submitting valid proof and documentation for incentives. The submission will be denied if your plan does not have the Wellness and Fitness Incentive Program. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE.</p>			
SIGNATURE: _____		DATE: _____	

Health Plan Accredited by