



# Archdiocese of St. Louis Employee Benefits Plan

## Employee Wellness Form

Effective **July 1, 2015**, the employee (not spouse or children on the health plan) must annually complete one of the following in order to be a participant in the United Healthcare (UHC) **Premier** Plan:

A. Receive an annual wellness exam with your physician of choice and submit this signed **Employee Wellness Form** between **May 1, 2014 and April 30, 2015**

**OR**

B. Participate in the employer paid, confidential H & H Health Associates health screening between **May 1, 2014 and April 30, 2015.**

### IMPORTANT NOTE:

If you receive your annual wellness exam from your physician, you (not your physician) must complete this form. After completing the form, send it to H & H Health Associates via mail, fax or email in order to participate in the UHC Premier plan. If you have an H & H Health Associates wellness screening, you do not need to submit this form. Without your annual wellness exam or health screening, you and your eligible dependents will only be eligible to participate in the UHC Standard Plan, effective July 1, 2015.

### Employee Instructions: Please fill out all requested information.

Employee Last Name (please print):      First name:      Middle Initial:      Date of Birth: (mm/dd/yy)

Home Street Address:      Phone #

City:      State:      Zip Code:

Name of Parish, School, or Agency Employer (if applicable):      Your Email Address (optional):

**CERTIFICATION:** I certify that I received an annual wellness exam with my physician on the date noted below. I understand that if I provide false information, it may lead to disciplinary action.

Your Physician's Name:      Date of Exam:  
\_\_\_\_\_

Employee Signature:      Date:  
\_\_\_\_\_

Questions? Please contact the Archdiocesan Office of Human Resources (314.792.7546 or email [benefits@archstl.org](mailto:benefits@archstl.org)) or go to the Archdiocese of St. Louis website at [www.archstl.org/hrbenefits/FAQWellness](http://www.archstl.org/hrbenefits/FAQWellness).

### Employee Instructions: This completed and signed Employee Wellness Form should be sent to H&H Health Assoc:

**By Mail:** H&H Health Associates  
3660 South Geyer Road  
Suite 100, Laumeier III  
St. Louis, MO 63127  
Attn: Archdiocese Wellness

**By Fax:** To H&H Health Associates  
at 314.845.8087  
To verify receipt of fax you  
can call 314.845.8302  
Regarding: Archdiocese Wellness

**By Email:** Email this form to H&H Health Associates at [nurses@hhhealthassociates.com](mailto:nurses@hhhealthassociates.com)  
Subject: Archdiocese Wellness