

# Archdiocese of St. Louis

## Employee Wellness Form

Benefit eligible employees, with at least one year of service and either working a minimum of 1,000 hours annually or a teacher with a half-time or more contract, may annually complete one of the following in order to receive an Archdiocesan paid, \$250.00 contribution to their Archdiocese of St. Louis sponsored 403(b) retirement plan:



A. Receive an annual wellness exam with your physician of choice between May 1, 2018 and April 30, 2019 and submit this form to H&H Health Associates. The deadline for H&H to receive this form is May 7, 2019.

OR

B. Participate in the Archdiocesan paid, confidential H&H Health Associates health screening between May 1, 2018 and April 30, 2019.

### IMPORTANT NOTES:

- Participation in the health insurance plan is not a requirement to be eligible to receive the \$250 retirement contribution.
- Religious sisters, brothers, and priests are not eligible to receive the \$250 retirement plan contribution; however, they are eligible for an annual Archdiocesan paid H&H health screening.
- If you were hired on or before May 1, 2018, and have been working either a minimum of 1,000 hours annually or a teacher with a half-time or more contract, you have fulfilled the one year of service requirement.
- If you receive an H&H health screening, you do not need to submit this form.
- The \$250 retirement plan contribution will be processed on or near June 30, 2019, if you completed the above criteria.

### Employee Instructions: Please fill out all requested information. (please print)

Employee Last Name:      First Name:      MI:      Date of Birth: (mm/dd/yy)      Last 4 Digits of SSN:

Home Street Address:      Phone #

City:      State:      Zip Code:

Name of Parish, School, or Agency Employer:      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: (Physician is not instructed to sign this form)      Date of Physician Exam: (mm/dd/yy)

Employee Signature:      Date: (mm/dd/yy)

Questions? Please contact the Archdiocesan Office of Human Resources at 314.792.7546, Email to [benefits@archstl.org](mailto:benefits@archstl.org), or go to the Archdiocesan website at <http://archstl.org/wellness>.

**Employee Instructions: This completed and signed Employee Wellness Form should be sent to H&H Health Associates.** Email is the recommended method of delivery so that you have proof of sending the form.

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

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

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