



2012-13 Healthy Lifestyle Premium Discounts Certification

Employee Name: _____ **EIN:** _____ **Home Dept:** _____

During Plan Year 2012-13, employees may earn one or more of the four Healthy Lifestyle Premium Discounts for a total possible discount of \$20 per pay period on medical premiums.

Eligibility Requirements

Discount #1 -- \$5.00 per pay period

You must have been tobacco-free for the past six months and commit to remain tobacco-free throughout Plan Year 2012-13. If you have not been tobacco-free, you must be enrolled in UnitedHealthcare's QuitPower.

Discount #2 -- \$5.00 per pay period

You must have taken your Health Assessment through UnitedHealthcare during the past year.

Discount #3 -- \$5.00 per pay period

You must have had your preventive exam or screening within the past year. For example, routine physical, well-woman, well-man exam, mammogram, biometric screening or colonoscopy.

Discount #4 -- \$5.00 per pay period

You must exercise for an average of 150 minutes per week and track your activity throughout Plan Year 2012-13.

OR

You must earn 100 points by meeting the requirements of one or more of the approved programs during Plan Year 2012-13.

Program	Point Value
Diabetes Prevention Program (16 week program)	100
Diabetes Control Program (2 or more visits)	50
Weight Watchers at Work (10-weeks)	80
WELCOAZ Health Coaching (3 visits)	50
Healthy Weight Challenge	10
Nutrition Challenges	40
Stress Management Challenges	40
No Weight Gain Contest	10
Summer Slim Down Challenge	20
Healthy Living Challenge	20

By initialing below, you are certifying the accuracy of the response. Any misrepresentation or misstatement of the responses may terminate your eligibility and that of your eligible dependents, render invalid all benefits under the plan and require repayment of any benefit received pursuant to such misrepresentation or misstatement.

FY 12-13 - I certify that I'm eligible to receive Discount #1: Yes _____ No _____

FY 12-13 - I certify that I'm eligible to receive Discount #2: Yes _____ No _____

FY 12-13 - I certify that I'm eligible to receive Discount #3: Yes _____ No _____

FY 12-13 - I certify that I'm eligible to receive Discount #4: Yes _____ No _____

Signature: _____

Date: _____