2019 Biometric Qualified Engagement Program Completion Form

Print clearly to ensure information can be processed. Thank you.

STEP 1: Employee Information – Separate forms required for both employee and spouse completion

It is the participant's responsibility to retain email confirmation as a record

Name: _____ Date of Birth: _____

Organization: _____ Employee ID: _____

Employee Northern Light Email Address: (Required for confirmation of receipt) _____

I _____ certify that I completed an approved qualified engagement program in accordance with the following criteria and am eligible for the designated health reimbursement account (HRA) contribution as part of the HRA Qualified Engagement program.

Criteria

- Being enrolled in the Northern Light Employee Health Plan, either as an employee or the spouse of an employee
- Submitting the form after **April 1, 2019** and no later than **September 30, 2019**

I affirm that the information in this document is true and complete to the best of my knowledge and I understand that any misrepresentation may result in loss of benefits and/or termination of employment.

Signature: _____

STEP 2: Program Information

A biometric reward will be provided to employees and/or spouses/domestic partners, covered by the Northern Light Employee Health Plan, who have participated in a qualified engagement program.

☐ Weight Loss	☐ Tobacco Use	☐ Diabetes Prevention
Weight Watchers, Beacon Weight Solutions or Coaching, Fitness or Medical Provider	Beacon Kicking Butts, Maine Tobacco Helpline, Miller Drug Program, Medical Provider	CDC Diabetes Prevention Program

Name of Program: _____ Dates of Participation: _____

Program Provider Name: Please Print _____ Number of Sessions Attended: _____

Program Provider Signature: _____ Today's Date: _____

Starting Weight: (If applicable) _____ Ending Weight: (If applicable) _____

It is the responsibility of the employee to return this form to Beacon Health and to retain the Beacon Health confirmation of receipt e-mail. Please return this form to Beacon Health by one of the following:

Fax to: Beacon Health
207-973-7165

Email to: beaconwellness@northernlight.org

Northern Light Beacon Health

Employee Health Plan