



2023 WELLNESS PASSPORT

for Heartland Health & Wellness Fund participants



Questions? Call Heartland at 937.665.1900.

BIOMETRIC SCREENING

Web Download

*First name: _____

*Last name: _____

MEDICAL ID#: _____

*Last 4 digits of SS#: _____

*Date of birth: ____ / ____ / ____

Email: _____

Telephone: _____

Address: _____

City: _____

State: _____ Zip code: _____

Screening Test	Screening Result
Height	
Weight	
Blood Pressure	
Total Cholesterol	
HDL Cholesterol	
LDL Cholesterol	
Triglycerides	
Blood Glucose	

I understand this form must be fully completed and legible to be processed. Results must be from a 2023 biometric screening to be eligible. **Please remember to fast 12 hours in advance.** By signing this form, I agree with the health screening results provided. I hereby authorize the medical health care provider and/or medical facility to release the health data to the Fund's wellness and claims analysis providers and the Heartland Health & Wellness Fund.

Date of screening: ____ / ____ / ____

(Print name of in-network provider)

(Signature of person screened)

(Signature of in-network provider)

*Required field

You are responsible for returning this completed and signed form to the Fund office.



EMAIL

wellness@ufcwbenefitplan.com



MAIL

Attn: The Wellness Department
Heartland Health & Wellness Fund
7250 Poe Avenue, Suite 300
Dayton, OH 45414



FAX

937.665.0462