## WELLNESS SCREENING FORM

Instructions for patients and health care professionals

- > Print a copy of this form and bring it with you to the doctor's office.
- > Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- > Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- > Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- If you have any questions, call us using the phone number on the back of your Cigna ID card.

## **Marking instructions**

A B C D E 1 2 3 4 5

Shade like this

Not like this

ONLINE: Enter the data from this form to myCigna.com

the back of your Cigna ID card.	·
PATIENT INFORMATION  Relationship: Subscriber O Spouse/Domestic Partner O	Gender: Male ○ Female ○
Patient's First Name MI Patient's Last Name	
Street Address, Apt Number, PO Box	
City	tate Zip
Patient Date of Birth	
MM DD YYYY Preferred Telephone Number	
	Is this a home O or cell O number?
Social Security (SSN) Last 4 numbers Patient's Cigna ID Number on ID card	Cigna Group Account Number on ID card
Note: Please use the last 4 digits of patient's SSN	
Customer Signature (required). My signature means that the information on this form is c	correct MM DD MANY
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.	day's Date / / / / / / / / / / / / / / / / / / /
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.	
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable. I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION	nation is voluntary under the employer wellness program.  MM DD YYYY  Date // // // // // // // // // // // // //
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required)  Waist circumference	nation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable. I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION	nation is voluntary under the employer wellness program.  MM DD YYYY  Date // // // // // // // // // // // // //
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Waist circumference Inches  OR Inches Pounds	nation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches  Fasting blood sugar Non-fasting blood sugar Total cholesterol	nation is voluntary under the employer wellness program.  MM DD YYYY  Date
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Waist circumference Inches  Feet Inches Pounds Inches	nation is voluntary under the employer wellness program.  MM DD YYYY  Date
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches  Fasting blood sugar mg/dl  Non-fasting blood sugar mg/dl  Total cholesterol mg/dl	nation is voluntary under the employer wellness program.  MM DD YYYY  Date
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches  Fasting blood sugar mg/dl  Non-fasting blood sugar mg/dl  Total cholesterol mg/dl	nation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches  Fasting blood sugar mg/dl  OR  Non-fasting blood sugar mg/dl  OR  Total cholesterol mg/dl  OR	nation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches Inc	nation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches Inc	mation is voluntary under the employer wellness program.    MM
I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.  I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform  WELLNESS SCREENING INFORMATION  Height/weight (required) Feet Inches Pounds Inches Inc	mation is voluntary under the employer wellness program.    MM
Understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable. I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health inform    WELLNESS SCREENING INFORMATION	mation is voluntary under the employer wellness program.    MM

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

"Cigna" and the "Tree of Life" logo are registered service marks, and "Together, all the way." is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, and not by Cigna Corporation. Such operating subsidiaries include Cigna Behavioral Health, Inc., Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. 859506 10/14 © 2017 Cigna.



## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employersponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.