

KCC Benefit Eligible Employee Wellness Incentive Requirements 2017



You will receive \$50.00 if you complete a **Biometric Assessment** through Holtyn or another provider. If you use a different biometric assessment provider than Holtyn, fill out the form below and send the form to: Holtyn Associates, attn. Mary Werme, P.O. Box 19335, Kalamazoo, MI 49019

All information is completely confidential. Holtyn is a contracted benefit vendor of KCC and HIPAA compliant. Information gathered is utilized to track aggregate statistical information for Kellogg Community College only. No individual information is shared with the College or any entity. Full information on Holtyn may be found on their website at www.holtynhpc.com

Name: _____ D.O.B: _____

Date: _____ Phone Number: _____

Do you use tobacco products? _____

Please have your provider's office indicate the value for each area below.

Date of measurement: _____ Date of labs: _____

Weight: _____ Fasting or Non Fasting: _____

Height: _____ Total Cholesterol: _____

Blood Pressure: _____ / _____ HDL Cholesterol: _____

Waist (inches) _____ TC/HDL Ratio: _____

Glucose: _____

You will receive an additional \$50.00 if you complete an **Annual Preventative Physical** incentive. Your Physician completes the bottom of this form, tear off and return to the KCC Human Resources Office.

Patient Name: _____ Date of Birth: _____

Provider Name: _____ Provider Signature: _____

Date of Annual Preventive Physical: _____