BROOMFIELD HEALTHY REWARDS CERTIFICATION FORM

Certification Form for the Medical Care Expense Plan (MCEP)

Instructions: You have two options to complete this form depending on your results or personal preference. Employees and spouses will also need to complete a Health Risk Assessment (HRA) in 2013 to qualify for the Rewards Program. Employee assessments can be taken through trotterwellness.com or Anthem.com. Spouses can take the HRA online at Athem.com. If you complete the HRA from another vendor in 2013 verification will be requested and should be attached to this form when submitting to HR.

Option I - Self-Certification

OR

Option II - Health Provider Certification

Option I – If your results are within the Biometric Qualificat don't mind sharing your Biometric Data with the Benefits Complete the Self-Certification section and bring a copy of yo the Benefits Coordinator in Human Resources. The Benefiter verify the biometric data and sign off on your form. All Biokept confidential. Self-Certification - I certify that I have completed the qualification may personal biometric data obtained within the past 1 use tobacco products of any kind. PRINT YOUR NAME: YOUR DATE OF BIRTH:	Coordinator, ur biometric its Coordina ometric data fication table	Option II - If your results are not within the Biometric Qualifications below or if you don't want to share your results with the Benefits Coordinator, schedule an appointment with your health care provider and have him/her review your biometric data with you. Have him or her complete the information under Health Care Provider Certification and return the signed form to the Benefits Coordinator in HR. Health Provider Certification - I certify that I have reviewed the Biometric Qualifications table below using the patient's biometric data obtained within the past 12 months. I have discussed the importance of maintaining healthy bio-metric results with the patient along with steps he/she can take to maintain/bring these factors within acceptable ranges. My patient is either tobacco free, or I certify that he/she is unable to stop using tobacco products due to a medical condition and I have made a recommendation for an alternative method of achieving tobacco cessation usage. The Plan can require the participant to specifically attend a smoking cessation program in order to receive the reward.								
Biometric Qualifications (5 out of 6 required)	Please circ	le one:	Biometric Qualifications – Provider has discussed with patient and reviewed options for improvement/maintenance and	Please circle	e on e:					
			developed a plan.							
BMI under 30, or Body Fat % in the healthy range (see charts	Yes	No	BMI under 30, or Body Fat % in the healthy range (see charts on	Yes	No					
on next page)			next page)							
Blood Glucose <100	Yes	No	Blood Glucose <100	Yes	No					
Triglycerides <150	Yes	No	Triglycerides <150	Yes	No					
Cholesterol Ratio of <4.98	Yes	No	Cholesterol Ratio of <4.98	Yes	No					
LDL <100	Yes	No	LDL <100	Yes	No					
Blood Pressure <120/80	Yes	No	Blood Pressure <120/80	Yes	No					
Are you an employee or a spouse/partner? ☐ Employee	☐ Spouse/Pa	Health Care Provider's Signature:	Date:							
If you are a spouse/partner, please print the employee's name:	DI OVEE OF	SDOLISI	F/PARTNER CERTIFICATION							

I certify that 1) I am **tobacco free and** I must be **tobacco free** for the duration of this program unless my doctor has certified that I am unable to stop using tobacco products and he/she has made a recommendation for an alternative method of achieving tobacco cessation usage, 2) I provided my health care provider or Benefits Coordinator with a copy of my biometric data from the past 12 months for verification, and 3) that all information contained within this form is factual and true to the best of my knowledge. If I am an employee, I also understand that falsification of any information on this form is a violation of the Personnel Merit System, and I may be subject to corrective or disciplinary action. Further, I understand that any falsification may also result in disqualification from the Broomfield Healthy Rewards program.

PRINT YOUR NAME:	SIGNATURE:	DATE:

Body Fat Chart

		UNDERFAT	HEALTHY	OVERFAT	OBESE
AGE			FI	MALE	•
	20-39	< 21%	21-33 %	34-39%	> 39%
	40-59	< 23%	23-35 %	35-40%	> 40%
	60-79	< 24%	24-36 %	36-42%	> 42%
AGE				MALE	
	20-39	< 8%	8-19 %	19-25%	> 25%
	40-59	< 11%	11-22 %	22-28%	> 28%
	60-79	< 13%	13-25 %	25-30%	> 30%

BMI Chart

		ht (po		115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250
Height (inches)																															
50 4'2"	28	30	31	32	34	35	37	38	39	41	42	44	45	46	48	49	51	52	53	55	56	58	59	60	62	63	65	66	67	69	70
51 4'3"	27	28	30	31	32	34	35	36	38	39	41	42	43	45	46	47	49	50	51	53	54	55	57	58	59	61	62	64	65	66	68
52 4'4"	26	27	29	30	31	32	34	35	36	38	39	40	42	43	44	45	47	48	49	51	52	53	55	56	57	58	60	61	62	64	65
53 4'5"	25	26	28	29	30	31	33	34	35	36	38	39	40	41	43	44	45	46	48	49	50	51	53	54	55	56	58	59	60	61	6.3
54 4'6"	24	25	27	28	29	30	31	33	34	35	36	37	39	40	41	42	43	45	46	47	48	49	51	52	53	54	55	57	58	59	60
55 4'7"	23	24	26	27	28	29	30	31	33	34	35	36	37	38	40	41	42	43	44	45	46	48	49	50	51	52	53	55	56	57	58
56 4'8"	22	24	25	26	27	28	29	30	31	33	34	35	36	37	38	39	40	41	43	44	45	46	47	48	49	.50	52	53	54	.55	56
57 4'9"	22	23	24	25	26	27	28	29	30	31	32	34	35	36	37	38	39	40	41	42	43	44	45	47	48	49	50	51	52	53	54
58 4'10"	21	22	23	24	25	26	27	28	29	30	31	32	33	34	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
59 4'11"	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	.50
5'0"	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
61 5'1"	19	20	21	22	23	24	25	26	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	43	44	45	46	47
52 5'2"	18	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	37	38	39	40	41	42	43	44	45	46
63 5'3"	18	19	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	43	43	44
64 5'4"	17	18	19	20	21	21	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34	35	36	37	38	39	39	40	41	42	43
65 5'5"	17	17	18	19	20	21	22	22	23	24	25	26	27	27	28	29	30	31	32	32	33	34	35	36	37	37	38	39	40	41	42
66 5'6"	16	17	18	19	19	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	35	36	36	37	38	39	40	40
57 5'7"	16	16	17	18	19	20	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	34	35	36	37	38	38	39
68 5'8"	15	16	17	17	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	33	34	35	36	36	37	38
69 5'9"	15	16	16	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	32	33	34	35	35	36	37
70 5'10"	14	15	16	16	17	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	32	32	33	34	34	35	36
71 5'11"	14	15	15	16	17	17	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	29	29	30	31	31	32	33	33	34	35
72 6'0"	14	14	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	31	31	32	33	33	34
73 6'1"	13	14	15	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	32	32	33
74 6'2"	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	31	32
75 6'3"	12	13	14	14	15	16	16	17	17	18	19	19	20	21	21	22		23	24	24	25	26	26	27	27	28	29	29	30	31	31
76 6'4"	12	13	13	14	15	15	16	16	17	18	18	-	19	20	21	21	22		23	24	24	25	26	26	27	27	28	29	29	30	30
77 6'5"	12	12	13	14 rwei	14	15	15	16	17	17	18	18	19	20	Nor		21	22	23	23	24	24	25	25	26 Ove	27	27	28	28	29	30