

# 2015 Wellness Reward

## Preventive Health Exam Confirmation Form

Return this form to Health Solutions, Attn.: Raytheon Wellness Reward by Monday, Nov. 30.  
 Email: raytheon@healthsolutions.com Fax: 888.616.1635

SECTION I: TO BE COMPLETED BY PATIENT  
 Please print all information clearly. Form must be completed in its entirety to be processed.

Patient First Name:										Patient Last Name:									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:					City:					State:		Zip Code:							
Work Phone Number: (      )										Employee <input type="checkbox"/>		Spouse/Same-Sex Domestic Partner <input type="checkbox"/>							
Gender: M <input type="checkbox"/>		F <input type="checkbox"/>		DOB:		For Employees and Spouse/Same-Sex Domestic Partners, Please Enter the Employee's ID # <input type="text"/>													

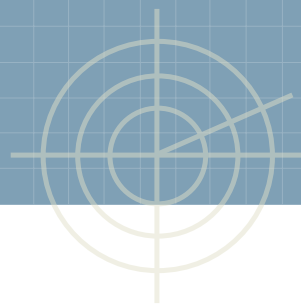
**Please read the disclosure statement:** I understand that by submitting this form I am agreeing to participate in the Wellness Reward program. I understand that my participation will be managed by Health Solutions and OptumHealth™ who are administering the incentive program for Raytheon.

Patient Signature:	Date:
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SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN

I confirm that the person named above is current and up to date with their preventive health exams.

Physician's Signature:	Date:
Physician's Name (please print):	
Physician's Address:	



# *Information Update*

## for 2015 Wellness Reward and this form

### **2015 Wellness Reward Requirements:**

1. Complete the attached Preventive Health Exam Confirmation form (or participate in an onsite health screening).
2. Complete the online health assessment at MyPersonal Health Manager (<https://client.myoptumhealth.com/raytheon>).  
You must complete BOTH steps to earn your \$250 wellness reward.

### **Additional Notes:**

1. It could take up to four weeks for your Preventive Health Exam Confirmation form to process and appear online as received.
2. If you have opted out of the Raytheon Medical Coverage, your spouse is not eligible for the \$250 reward.
3. You can check your completion status online in MyPersonal Health Manager.

### **For Questions:**

About MyPersonal Health Manager or Wellness Reward Incentive program, call OptumHealth at 877.818.5826.

Regarding your Wellness Reward balance, call Optum Financial Services at 800.243.5543.

Regarding HSA (if enrolled in an HSA Advantage Plan), call OptumBank at 800.791.9361.

About the form, call Health Solutions at 800.711.8656.

If you and your spouse/registered same-sex domestic partner are both employed by Raytheon and you are both submitting a Wellness Reward form, please enter the employee ID of the coverage subscriber (the person who pays for the coverage) on both forms.

**The deadline for completion of both requirements is Monday, Nov. 30, 2015**