SFBLI WellnessWorks! Validation and Certification Form

Each employee and/or spouse enrolled in Southern Farm Bureau Life Insurance Company's group medical plan will qualify for a premium reduction for the 2021 plan year if and only if the employee and/or spouse satisfies 1, 2, *and* 3 or 4 below prior to November 30, 2020. Each of you must complete this Validation and Certification Form and submit it to The Clinic. The premium reduction will take effect on January 1, 2021.

**If you are enrolling, you and your spouse (if enrolling your spouse) will have 90 days from the date of enrollment to complete the criteria below and this validation/certification. If you are unable to satisfy the criteria or do not submit this validation form by the deadline, your premium will increase on the 1st day of the month following the expiration of 90 days from which you were enrolled.

The information provided in this validation is used solely for administration of the wellness program, which is part of the group health plan. None of the information will be used or disclosed for SFBLI for employment purposes.

Please check the boxes below that apply (responses are subject to certification below):

☐ 1. Annual Preventive Exam completed on _____ (date of exam) performed by _____ (name of provider); AND

☐ 2. Completion of a Health Risk Assessment and follow up appointment with health care provider; AND

☐ 3. I meet all 5 of the applicable benchmarks identified below; OR

☐ 4. I do *NOT* meet all 5 of the applicable benchmarks identified below but I am participating in and will abide by an appropriate plan of care recommended by my treating physician or health care provider with respect to the benchmarks that I did not meet. NOTE: You must obtain certification below from your treating physician or health care provider that you are currently in an appropriate plan of care with regard to the benchmarks you did not meet. (You qualify for the premium reduction if you do not or you are medically unable to meet all 5 benchmarks as long as you abide by the plan of care recommended by your physician or healthcare provider.)

Applicable Benchmarks:

Body Mass Index	BMI 30 or less (or a waist circumference within normal limits; Male <= 40 in or Females <= 35 in)
Blood Pressure	BP is 140/90 or less (May be repeated once 15 minutes past original elevated BP. If BP is still 140/90 or greater, it does not meet benchmark.)
Cholesterol Level	Cholesterol is 220 or less (or Total Cholesterol/HDL ratio is within normal limits)
Fasting Blood Glucose	Below 100 milligram/dl
Tobacco	Non Tobacco User

EMPLOYEE/COVERED SPOUSE CERTIFICATION

By my signature below, I certify the following with respect to the wellness program:

- The information provided on this Validation and Certification is true and accurate and that I may be subject to adverse consequences (such as termination of participation in the health plan) if any representation and/or information provided herein is intentionally false or misleading.
- I understand that my participation in the wellness program (including the premium reduction) is subject to my obligation under the group medical plan to provide additional information upon request by the group medical plan administrator, as the plan administrator deems reasonably necessary to verify my responses herein (*e.g.* EOB regarding the preventive care exam).
- If I indicated above that I am currently under an appropriate plan of care, then I will abide by the appropriate plan of care recommended by my treating physician/health care provider and will promptly notify the group plan administrator if I prematurely cease to participate in the plan of care recommended by my physician/health care provider. Failure to provide prompt notice may result in adverse consequences.

_____ _____ _____

Name of Employee or Covered Spouse | Signature of Employee or Covered Spouse | Date

_____

Name of Employee (if spouse submitting form)

{Health Care Provider Certification}

I certify that the individual listed above has met the required above mentioned benchmarks or is currently participating in a plan of care recommended by me for one or more of the above mentioned benchmarks.

_____ _____ _____

Printed Name of Health Care Provider | Signature of Health Care Provider | Date

Updated 12/18/2019

Dear Health Care Provider:

Southern Farm Bureau Life Insurance Company (SFBLI) offers its employees the opportunity annually to receive a discount on their health insurance premiums by participating in wellness initiatives, including meeting some specific qualifications listed on the back of this form. As they are seeing you as their primary care provider, they are bringing this form for you to complete. In order to qualify for the premium discount, if they have not met one or more of the five benchmarks listed, they should be enlisted in some type of plan of care (i.e. programs for tobacco cessation, medications to treat elevated blood pressure, programs for weight loss, to name a few examples).

If your patient has not met one or more of the benchmarks, and needs to be entered into a particular plan of care, they will need to have a follow up scheduled with you within an appropriate time frame to review their progress in order to qualify for the premium discount. It does not require that they reach the specific benchmark, but instead is designed to see if they are making changes that will impact their health positively.

Please feel free to contact our clinical coordinator, Brooke Coulson, FNP-C, at 601-981-5332 ext. 3454 or with any questions sfbl.clinic@vigilant-health.com or problems that you may have.

Sincerely,

Brooke Coulson, FNP-C
The Clinic at Southern Farm Bureau Life Insurance Company

Updated 12/18/2019