

Name of Subscriber Address	
City	StateZip
Social Security # Year In Which F	
ference BCBS 00 per year (each).	Name of Dependent Relationship Year In Which Points Earned
calendar year (each). calendar year (each).	Complete a separate form for each person earning the wellness incentive.

Claimants must be currently covered by the Conference Health Insurance or HRA to claim WIN rebates.

Points must be earned during the current calendar year. Con enrolled claimants and spouses may earn a maximum of \$20 Covered children may earn a maximum rebate of \$150 per c HRA participants may earn a maximum rebate of \$150 per calendar year (each).

Filing deadline, March 31 for previous year's participation and points earned.

If you are no longer enrolled, the completed WIN form must be submitted within 30 days of the last day of enrollment in the insurance or HRA plans. A minimum of 100 WIN points is required to earn the \$150 rebate. To earn the additional Health Assessment rebate of \$50, you must complete the

online Health Assessment. (HRA participants are not eligible for the additional \$50 HA rebate.)					
Health Assessment: (completion of the online assessment will be verified via reporting from BCBSNC) 1. I verify that I have completed the online Health Assessment on the Blue Cross Blue Shield of NC website. Log in, choose Wellness from the blue bar across the top of the page, then Health Assessment from the left panel. Completion requires biometric numbers such as blood pressure, cholesterol, glucose. If you begin the HA and need to exit before completion, you may save it and return to complete at a later time. You may submit the HA only once per plan year. The HA Rebate will not be processed until the HA has been completed and verified. www.bcbsnc.com/members TOTAL Points Claimed this Section (Not available to retirees with HRA's) Maximum Points Earned for this Section is 50					
Maximum allowed points = 2. Physical activity such as garde Enter the # of hours of activ Maximum allowed points =	document Divide by 4. 50 Enroll in the Amazing Pace Program for additional rewardening, housework, sports, exercise. ity (annual). Divide by 4.	points			
 Consumption of 5 servings of fruits and vegetables daily. Nutritional supplements such as vitamins, minerals, or nutritionist visits. Give up an unhealthy habit—Cut down on sugar, fat, limit portions, add more fiber to your diet. Fitness club membership or equipment purchase. (Attach copy of receipts or memberships.) Mental health rewards: Take time to do something YOU enjoy and reward yourself with 10 points. No questions asked! 		r diet. 10 points 10 points 10 points	SS SS SS		
Л	TOTAL Points Claimed this S Maximum Points Eligible for this Section is 50	ection			
 Annual eye exam. Date of service:			10 points 10 points 10 points 10 points 10 points		
Maximum Points Eligible for this Section is 50					
Revised Form	Health Assessment Points (50 required)	Pointed Earned	Office Use		
2016	WIN Points (100 minimum required)				

	Pointed Earned	Office Use
Health Assessment Points (50 required)		
WIN Points (100 minimum required)		
Total Rebate Points		