

# CAPITAL HEALTH PLAN SMALL GROUP HEALTHY LIFESTYLE REBATE REQUEST

**This form must be received by CHP no later than January 31, 2008.**

1. Group No. \_\_\_\_\_
2. Group Name \_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_
4. Group Administrator \_\_\_\_\_
5. Renewal/Anniversary Date \_\_\_\_\_
6. Number of employees actively at work and enrolled in CHP \_\_\_\_\_

7. Please indicate the number of employees in each category for whom you will be requesting a rebate:

| <u>Category</u>   | <u>Number<br/>Participating</u> | <u>Results</u>                           |
|-------------------|---------------------------------|--|
| Smoking Cessation | _____                           | _____                                    |
| Weight Reduction  | _____                           | _____                                    |
| Combination       | _____                           | _____ Quit Smoking<br>_____ Improved BMI |
| Maintenance       | _____                           | _____                                    |

NOTE: The number of employees that you list on this form as participants in the program must be no greater than the number on your *Enrollment* form, or the rebate will be denied.

The employer must maintain from each participating employee a signed employee health verification. Employee verification for weight reduction or healthy weight maintenance must include a signature from a health care professional or employee of a licensed health club or weight management program. Employee verification must be kept on file by the employer for a minimum of 18 months for purposes of audit.

**By signing below, I am requesting a rebate under the Small Group Healthy Lifestyle Rebate Program on behalf of my group, and I agree to the following Program Rules:**

- Group must complete this *Healthy Lifestyle Rebate Request* in full by **January 31, 2008**. Requests received after January 31, 2007, will not be considered.
- Groups must maintain active enrollment from January 1, 2007, through December 31, 2007.
- Rebates are available as follows:
  1. **Smoking Cessation:** \$50 rebate for each participating CHP covered employee who stops smoking in the program calendar year.
  2. **Weight Reduction:** \$50 rebate for each participating CHP covered employee who demonstrates a BMI reduction of 15% if he/she is in the obese category (see the enclosed BMI chart), **OR**, \$50 rebate for each CHP covered employee who demonstrates a BMI reduction of 10% if he/she is in the overweight category.
  3. **Combination:** \$100 rebate for each participating CHP covered employee who accomplishes both 1 and 2 above.
  4. **Healthy Lifestyle Maintenance:** \$25 for each participating CHP covered employee who has remained a nonsmoker for the entire program year **and** has maintained a healthy weight (based on enclosed BMI Table) both at the beginning and at the end of the calendar year.
- The Group Administrator must maintain on file for each participating employee an employee health verification to include beginning and ending height and weight and the signature of a health care professional or employee of a licensed health club or weight management program if employees are participating in a rebate program based on weight reduction or nonsmoking and healthy weight maintenance.
- This is a voluntary program, and the participation or outcome does not impact the group's health care coverage in anyway.

**Group Representative Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The completed form should be sent to:  
Capital Health Plan  
Healthy Lifestyle Rebate Program  
Attention: Compliance Officer  
Post Office Box 15349  
Tallahassee, Florida 32317-5349

Questions about the Small Group Healthy Lifestyle Rebate Program can be directed to 850/523-7333 (Monday through Friday, 8 a.m. to 5 p.m.).

*Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*