

CMU Wellness Program**Enrollment/Waiver Form
2019 Benefit Plan Year**

The CMU Wellness Program is a voluntary program that is available to all benefit-eligible Faculty and Administrative employees.

By signing below, I certify that I have read and understand the following:

Rally Health, Inc. is a secure online wellness portal that is available for CMU employees. Rally Health, Inc. includes a **confidential** health risk assessment and worksite biometric screening that identifies modifiable risk factors for chronic disease. The following items are included in the wellness screening:

- **Online Health Risk Assessment:** An individual self-assessment of my physical and emotional health, stress, exercise, eating habits, alcohol use, safety, and readiness to improve.
- **Biometric Health Screening:** A Comprehensive Metabolic Panel that measures albumin, alkaline phosphatase, ALT (SGOT), AST (SGPT), calcium, chloride, complete blood count, creatinine, direct bilirubin, gamma-GT, glucose, HDL and LDL cholesterol, inorganic phosphorus, iron, magnesium, nicotine, sodium, total bilirubin, total cholesterol, total protein, triglycerides, urea nitrogen (BUN), uric acid.
- The biometric screening also includes body measurements of height, weight, Body Mass Index calculation, pulse, and resting blood pressure.
- An assessment of your preventive health care, medical history, cardiac risks, and cancer warning signs.
- A comprehensive report outlining your overall health score and related preventable risk factors.
- This is not a test for drugs, HIV, or Hepatitis.

This is a voluntary program and CMU will not have access to your personally identifiable information. Please see full Notice & Disclosure information on the next page.

By participating, I understand that I must complete the HRA and participate in the biometric screening as scheduled by CMU.

As part of the program, I may be self-reporting the completion of wellness activities, which affect my overall wellness score and incentive. I affirm that all self-reporting will be accurate, and agree to provide proof of self-reported activities upon request.

I understand that I must achieve the required points offered through a wide range of activities in order to receive the incentive within the 2019 benefit year.

I understand that I may choose not to participate in the CMU Wellness Program. If I do not participate, I will not have the opportunity for a reduced health insurance premium.

YES, I agree to enroll and participate in the CMU Wellness Program and have been provided a copy of the 'Consent & Authorization'. I understand this is a voluntary program.

NO, I am waiving enrollment in the CMU Wellness Program

Employee Name (Print)

Signature

700 _____
Employee ID #

Date