Archdiocese of St. Louis

Physician Wellness Form

Benefit eligible employees, with at least one year of service and either working a minimum of 1,000 hours annually or a teacher with a half-time or more contract, may annually complete one of the following in order to receive an Archdiocesan paid, $125 Wellness Incentive Retirement Contribution (WIRC) to their Archdiocese of St. Louis sponsored retirement plan:

A. Receive an annual wellness exam with your physician of choice between May 1, 2023 and April 30, 2024

The deadline for H&H to receive this form is no later than May 7, 2024.

OR

B. Participate in the Archdiocesan paid, confidential H&H Health Associates health screening between May 1, 2023 and April 30, 2024.

IMPORTANT NOTES:

- Participation in the health insurance plan is not a requirement to be eligible to receive the $125 WIRC.
- Religious sisters, brothers, and priests are not eligible to receive the $125 WIRC; however, they are eligible to receive an annual Archdiocesan paid H&H health screening.
- If you were hired on or before May 1, 2023, and have been working either a minimum of 1,000 hours annually or a teacher with a half-time or more contract, you have fulfilled the one year of service requirement.
- If you receive an H&H health screening, you do not need to submit this form.
- The $125 WIRC will be processed in the fall of 2024 if you have completed the above criteria *and* are benefit eligible *and* actively employed with the Archdiocese of St. Louis at the end of the Wellness Plan year; April 30th.

Employee Instructions: Please fill out all requested information. (please print)

Employee Last Name: First Name: MI: Date of Birth: (mm/dd/yy) Last 4 Digits of SSN:

Home Street Address: Phone #

City: State: Zip Code:

Name of Parish, School, or Agency Employer: Your Email Address (optional):

CERTIFICATION: I certify that I received an annual wellness exam with my physician on the date noted below. I understand that if I provide false information, it may lead to disciplinary action.

Your Physician's Name: (Physician is not instructed to sign this form) Date of Physician Exam:(mm/dd/yy)

Employee Signature: Date: (mm/dd/yy)

Questions? Please contact the Archdiocesan Office of Human Resources at 314.792.7546, email to benefits@archstl.org or refer to the Archdiocesan website at archstl.org/hrbenefits | Employee Wellness Programs.

Employee Instructions: This completed and signed Employee Wellness Form should be sent to H&H Health Associates. Email is the recommended method of delivery so that you have proof of sending the form.

Mail: H&H Health Associates 3660 South Geyer Road Suite 100, Laumeier III St. Louis, MO 63127 Attn: Archdiocese Wellness	**Fax:** To H&H Health Associates at 314.845.8087 To verify receipt of fax you can call 314.845.8302 Regarding: Archdiocese Wellness	**Email:** To H&H Health Associates at nurses@hhhealthassociates.com Subject: Archdiocese Wellness

(Wellness Plan year 5/1/2023 – 4/30/2024)