



2012 Biometric Screening Affidavit

Employee's Name (as it appears on your insurance card): _____
(please print)

Unique Member ID Number (from your insurance card): _____

Date of Birth: ____/____/____ Department: _____

Instructions:

- Complete this form by recording the date(s) and values for the following biometrics you received from your physician or obtained via a laboratory as requested by your physician.
- Mail completed form to **City of Pittsburgh**. Form must be postmarked by **October 22, 2012**.

City of Pittsburgh
Employee Benefits
414 Grant Street, City County Building
Room 403
Attention: Frank Mannella

Please note:

- Employees must have obtained the required screenings in 2012.
- All 3 values listed below must be included to satisfy the screening component requirements. To be eligible for the **\$240** payroll deduction toward your benefit contribution, employees must complete the Wellness Profile and participate in a screening by **October 22, 2012**.
- This form may be provided to the Highmark Blues on Call health coaches. If any of your values fall outside of normal limits, a coach may call you to assist with education and provide appropriate resources.
- Retain a copy of this document for your records before sending it to **Frank Mannella**. Employees are responsible for ensuring adequate and appropriate delivery of this information to **Frank Mannella**.

Blood Pressure: Date of screening _____ Value: _____

Total Cholesterol: Date of screening _____ Value: _____

Blood Glucose: Date of screening _____ Value: _____

Signature of Employee

Printed Name of Employee

I do not want a coach to call me regarding my biometric values

I do want a coach to contact me regarding my biometric values

Phone number

8am – 11am **11 am – 5 pm** **5pm – 9:30 pm**
Indicate the best time for a coach to call you