



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