



**BlueCross BlueShield  
of Florida  
Health Options®**

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# Healthy Lifestyle Rebate Enrollment (Group)

The deadline for the receipt of this form is February 15, 2009 in order to participate.

1. Group # \_\_\_\_\_
2. Group Name \_\_\_\_\_
3. Federal Employer Identification Number (FEIN) \_\_\_\_\_
4. Benefit Administrator \_\_\_\_\_
5. Number of Employees actively at work and in the BCBSF Health Plan \_\_\_\_\_
6. Address, City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ Telephone \_\_\_\_\_
7. Please indicate how many employees in each category you will be requesting a rebate for: (See page 2 of this form for detailed descriptions of programs labeled A through D below.)
  - \_\_\_\_\_ A. Smoking Cessation (document 1 year of non-smoking using employee verification form)
  - \_\_\_\_\_ B. Weight Reduction
  - \_\_\_\_\_ C. Combination Smoking Cessation & Weight Reduction
  - \_\_\_\_\_ D. Non-smoking & healthy weight maintenance

NOTE: The sum of A through D must be greater than 50% of the total number of BCBSF covered employees as stated in item 5 above.

8. Current Status: (Only include BCBSF covered employees who are actively at work and participating in the Healthy Lifestyle program)
  - \_\_\_\_\_ Smokers                      \_\_\_\_\_ Non-Smokers
  - \_\_\_\_\_ Healthy BMI                      \_\_\_\_\_ Over-weight or Obese (See BMI\* table)

Employer must maintain a signed employee verification of health from each participating employee. 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 applying to participate in the Healthy Lifestyle Rebate Program on behalf of my group, and I agree to the following Rebate Program Rules:**

- Group must complete this *Healthy Lifestyle Enrollment* form in full by 2/15/09. Requests received after 2/15/09 will not be considered.
- Applicants must maintain active group enrollment from 1/1/09 to 12/31/09.
- In order to receive the rebate:
  - A) **Smoking Cessation:** The employer will receive a \$50 rebate for each participating BCBSF covered employee that stops smoking in the program calendar year.
  - B) **Reduction in Weight:** The employer will receive a \$50 rebate for each participating BCBSF covered employee that demonstrates a BMI\* reduction of 15% if he/she is in the obese category (see the enclosed BMI\* chart). OR, a \$50 rebate for each participating BCBSF covered employee that demonstrates a BMI\* reduction of 10% if he/she is in the overweight category.
  - C) **Combination:** Rebate would be \$100 for each participating BCBSF covered employee that meets both A and B above.
  - D) **Healthy Lifestyle Maintenance:** The employer would receive \$25 for each participating BCBSF covered employee that has remained a non-smoker 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.
- Applicants must submit a *Healthy Lifestyle Rebate Request* form by 1/31/2010.
- The employer must maintain on file a health status verification for each employee to include beginning and ending height, weight and the signature of a health care professional or employee of a licensed health club or weight management program if they are participating in a rebate program based on Weight reduction or Non-smoking & healthy weight maintenance.
- This is a voluntary program and the participation or outcome does not impact the group's health care coverage in any way.
- Maintain a copy of this document for reference when completing *Rebate Request* form.

**Group representative signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

The completed form should be sent to:

Blue Cross and Blue Shield of Florida  
Attn: Healthy Lifestyle Rebate Program  
PO Box 44144  
Jacksonville, FL 32231-4144

Questions about the Healthy Lifestyle Rebate program can be directed to **1-866-946-2583**. Office Hours: Monday through Thursday 8 a.m. to 9 p.m., Friday 9 a.m. to 9 p.m. ET.

\*See the enclosed body mass index (BMI) table for "healthy weight" ranges.