

# Wellness Program Agreement



## PLEASE READ THIS FIRST

- Please use a **black** ball point pen to complete this form.
- Keep each number, letter, or check mark within the boxes provided.
- Mail this completed form to: Rewards Customer Service  
Suite 2611  
300 Lakeside Drive  
Oakland, CA 94612  
  
OR
- Email this form to: [Product-Operations@kp.org](mailto:Product-Operations@kp.org)  
  
OR
- FAX this form to 866-356-5017

Your Check List to complete this form:

I have selected Yes or No using a Check mark  .

I have written my name in the squares provide using BLOCK capitals.

Example:

F	R	A	N	K
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I have written my Kaiser Permanente Medical Record Number in the squares provided.

I have written my date of birth in the squares provided.

I have signed the form.

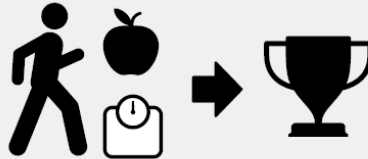
I have written the date that I signed the form.

# Wellness Program Agreement



Want to start earning rewards? We need your permission first!

Wellness activities  
lead to rewards



You can start earning rewards for a variety of wellness activities through a program offered by the people who manage your health plan<sup>1</sup>. If you're not a Kaiser Permanente member, but work for the company that offers this wellness program, you may still be able to do some activities and earn rewards.

Wellness activities can be things like:

- Getting your health checked (example: checking cholesterol)
- Learning how to live healthier (example: getting help losing weight)
- Being physically active (example: doing a 5K run/walk event)
- Following your doctor's instructions (example: filling a prescription)

Your rewards program  
needs proof of your  
wellness activities



In order for you to get rewards, we (Kaiser Permanente<sup>2</sup>) need to get some information about your activities and then share it.

That information includes:

- What wellness activities you've finished, so the people who manage your health plan know which rewards you've earned<sup>3</sup>
- Your contact information, like your name and address, so you can get your rewards

We get that information from:

- Your Kaiser Permanente medical records (example: when you tell your doctor you quit smoking)
- Companies and people who run the wellness activities (example: giving you a flu shot)

And we'll only share it with:

- The group that offers your health plan (like your employer or union)
- The companies and people who run the rewards program

We won't share information, including test results, that isn't related to the wellness program<sup>3</sup>.

Your employer, plan administrator, or union won't share your information for any reason not related to the wellness program.

# Wellness Program Agreement



Ready to give us your permission? No pressure.

If you're ready to start earning rewards, place a check mark in the Yes box. You won't be denied treatment, payment of claims, enrollment, or eligibility for benefits based on whether or not you agree to share your information.

**You can cancel your wellness program agreement anytime.<sup>4</sup>**

Please read this first. A check mark must be placed in either the Yes box or the No box. Check marks look like this . Use a black pen to make your check mark and to write on this form.

**Yes**, I want rewards! I agree to share my information. Let the wellness program challenge begin!

**No**, I don't agree to share my information. I understand that, as a result, I will not be able to earn rewards for the Kaiser Permanente wellness program activities.

## Required Information

First Name:

Last Name:

Date of Birth: MM/DD/YYYY  /  /

Kaiser Permanente Medical Record Number (MRN):

Date\*: \_\_\_\_\_ Signature: \_\_\_\_\_  
\*(Required) *Type your email address as an electronic signature*

I am 18 or over, and I am authorized to sign this authorization on my own behalf.

# Wellness Program Agreement



If you are signing this form for someone else, please complete the section below.

I have the legal authority to sign this agreement for the person doing the wellness program.

If you are signing this form for someone else, please complete the section below.

RELATIONSHIP TO PERSON \_\_\_\_\_

Date\* \_\_\_\_\_ Signature\*: \_\_\_\_\_ \* (Required)

*Type your email address as an electronic signature*

How long this agreement lasts depends on where you live, unless you cancel it:

- California: from the time you give us permission until December 31, 2017
- Colorado, Maryland, Oregon, Virginia, and Washington state: for 1 year from when you give us permission
- Georgia, Hawaii, and Washington, D.C.: from the time you give us permission and for as long as you are a participant in the wellness program

<sup>1</sup>Depending on who offers your health plan, this could be your employer, plan administrator, or union.

<sup>2</sup>“Kaiser Permanente” means both your insurance company (a Kaiser Permanente health plan) and your doctors (a Permanente medical or dental group). It also includes different groups depending on where you live:

**All states where we do business:**

- Kaiser Foundation Health Plan, Inc. d/b/a Health Works (“HealthWorks”)

**California:**

- Kaiser Foundation Health Plan, Inc., Northern California Region
- Kaiser Foundation Health Plan, Inc., Southern California Region
- The Permanente Medical Group, Inc.
- Southern California Permanente Medical Group

**Colorado:**

- Kaiser Foundation Health Plan of Colorado
- Colorado Permanente Medical Group, P.C.

**Georgia:**

- Kaiser Foundation Health Plan of Georgia, Inc.
- The Southeast Permanente Medical Group, Inc.

**Hawaii:**

- Kaiser Foundation Health Plan, Inc., Hawaii Region
- Hawaii Permanente Medical Group, Inc.

**Mid-Atlantic States:**

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Mid-Atlantic Permanente Medical Group, P.C.

**Northwest:**

- Kaiser Foundation Health Plan of the Northwest
- Northwest Permanente, P.C.
- Permanente Dental Associates, P.C.

<sup>3</sup> To learn more about the details of the wellness activities and the information we will share, talk to the people who run your wellness program. Depending on who offers your health plan, this could be your employer, plan administrator, or union.

<sup>4</sup> Just go to your user profile and change your Wellness Program Agreement. We will stop sharing your information right away. The groups that get your information before you cancel will not share this information for any reason not related to the wellness program.