

BIOMETRIC SCREENING FORM - 2025 Benefits

Submission Deadline: September 30, 2024

Section I: Patient Information (please print clearly) - ALL INFO REQUIRED

Full Name: _____
 Gender: _____ Date of Birth: _____
 Last 4 of SSN: _____ Phone: _____
 E-mail: _____
 Employer: _____

Spouse's Information (if applicable):

Full Name: _____
 Last 4 of SSN: _____
 Is Spouse also a Participant? (Y/N): _____

Form completed for:

Participant Spouse

NOTE: Biometric screening data and lab work must have been collected between **October 1, 2023** and **September 30, 2024**. Completed Biometric Screening Forms must be received by the Fund Office no later than **September 30, 2024**. *Biometric Screening Forms are only required if you wish to enroll in, or remain enrolled in, the best medical plan available to you. If you have a spouse who is covered under your benefit plan, he/she must also complete a Form.*

Section II: Biometric Screening Data and Lab Work completed between October 1, 2023 and September 30, 2024 - ALL INFO REQUIRED

Biometric Screening Data:

Date of Collection
 Height (inches)
 Weight (pounds)
 Blood Pressure (Systolic)
 Blood Pressure (Diastolic)

Lab Work:

Date of Collection
 Total Cholesterol
 HDL Cholesterol
 LDL Cholesterol
 Triglycerides
 Glucose
 A1C (if indicated)

Is the patient currently fasting? ____ Yes ____ No

Physician's Name _____ Physician's Phone _____

Physician's Signature _____ Date _____

Section III: Preventive Screenings Completed? - CHECK ONE OPTION BELOW (SCREENINGS NOT REQUIRED): YES NO N/A

Pap Smear (within last 3 years; for women age 21 or older)	_____	_____	_____
Mammogram (within last 1-2 years; for women age 40 or older)	_____	_____	_____
Prostate Cancer Screening (for men age 45 or older with family history)	_____	_____	_____
Colorectal Screening, (men and women over 50), Fecal Occult Blood Test, or Colonoscopy	_____	_____	_____
Does the patient smoke/chew/use tobacco products?	_____	_____	_____

Please return completed form, signed by the physician, to the Fund Office by **September 30, 2024**: (Keep a copy for your records)

Mail: 3031 B Walton Road Plymouth Meeting PA, 19462

Fax: (610) 941-9602

Email: OpenEnrollment@UFCW1776benefitfunds.org

*The Fund Office will notify you if further action is required to complete your Form

Questions? Call the Fund Office at 610-941-9400, ext. 107

*This form was downloaded from the Fund Office website