



Wellness Reward

Preventive Health Exam Confirmation Form

Preventive health exams must be completed between January 1 and December 31 for credit in the current year's Wellness Reward Program.

Return this form to Health Solutions, Attn: Raytheon Wellness Reward by December 31.

Email: raytheon@healthsolutions.com Fax: 888.616.1635

SECTION I: TO BE COMPLETED BY PATIENT **Please print all information clearly.**

For Employees and Spouse/Same-Sex Domestic Partners, Please Enter the Employee's ID #										Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Patient First Name:					Patient Last Name:						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:				City:			State:		Zip Code:		
Work Phone Number: ()					Employee <input type="checkbox"/>		Spouse / Same-Sex Domestic Partner <input type="checkbox"/>				

Please read the disclosure statement below. I understand that by submitting this form I am agreeing to participate in the Wellness Reward program. I understand that my participation will be managed by Health Solutions and OptumHealth™ who are administering the incentive program for Raytheon.

Patient Signature:	Date:
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SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN

Examination Date:

I confirm that the person named above has completed an annual preventive health exam.

Physician's Signature:
Physician's Name (please print):
Physician's Address:

You must complete this form and you must also complete your online health assessment to earn your Wellness Reward. It may take up to 3 weeks for your form to process and appear online as received in MyPersonal Health Manager.

If you have questions about your wellness account (e.g., receipt of your card, balance or eligible expenses) and you are not enrolled in an HSA plan, call Optum at 877.818.5826. If you are enrolled in an HSA, call Optum at 800.791.9361.

For questions regarding receipt of your Preventive Health Exam Confirmation Form, contact Health Solutions at 800.711.8656.

If you and your spouse/registered same-sex domestic partner are both employed by Raytheon and you are both submitting a Wellness Reward form, please enter the Employee ID of the coverage subscriber (the person who pays for the coverage) on both forms.