



IMPORTANT INFORMATION BODY MASS INDEX (BMI)

All Team Elmer's employees and covered spouses must meet four of five criteria to receive free medical insurance. One of the wellness criteria is to have a total BMI of 30 or less or a waist circumference of 35 inches or less for women or 40 inches or less for men (this is not your pant waist size) or at the January assessment you have lost 10% from your 2012 assessment weight or lost 5% from what you weigh in January of 2014 by April 30, 2014.

If you know that your BMI is high, it is our suggestion that if you are not already under a physician's care that you make an appointment in the near future and with your doctor create a treatment plan. If your physician feels that it is medically inadvisable or unreasonably difficult for you to achieve a "healthy" BMI due to personal health considerations, your physician can authorize a medical exception for this risk factor.

To be eligible for the alternative criteria, you will need to have all documentation/paperwork to Senika by **February 3, 2014:**

- Your physician must sign the form below. It is your responsibility to send it to Senika at OnSite Wellness.
- Once this is signed, complete 3 coaching calls with Senika at OnSite Wellness to discuss lifestyle and nutrition information to help you reach your weight-loss goal (All 3 coaching session must be complete by **April 30, 2014**).

If you have any questions, please contact Senika at OnSite Wellness (contact information below).

Body Mass Index Form

To be completed by your health care provider

Name: _____ Phone Number: _____

Work location: _____ MAN # of Employee: _____

Date of Physician Visit: _____

Total BMI : _____ Waist Circumference: _____ Body Fat %: _____

"As the above person's physician, I feel that it is medically inadvisable or unreasonably difficult for them to achieve a BMI of 30 or below due to personal health considerations."

Healthcare Provider Signature: _____

Please print Healthcare Provider's Name: _____

Address: _____

"I affirm that the information provided on this form is complete and true."

Employee Signature: _____

EMPLOYEE OR SPOUSE: Please email, fax or mail forms to Senika at Onsite Wellness.
senika@onsitewellnessllc.com Fax: 616.309.2770 Phone: 616-309-2776
Mail: OnSite Wellness, 100 Grandville, Suite 201, Grand Rapids, MI 49503

