

Dear participant,

It may be appropriate, due to an individual's medical or health situation, to establish alternative means to receive the incentives available under the *Top Life Employee Wellness* program. As an example, an individual may have certain health factors that make it unreasonably difficult to satisfy, or inadvisable to attempt to satisfy, the program's biometric health targets.

In these circumstances, the individual's healthcare provider might certify that these health outcome targets, as applied to that individual, are inappropriate measures of health and therefore should be waived for that person for the 2019-2020 activity points within the biometric screening only.

Top Life Employee Wellness seeks to encourage individuals to take constructive and prudent steps to improve their health. To ensure that goal and to abide by the relationship between an individual and their healthcare provider, Top Life Employee Wellness will waive the biometric screening requirements and provide the maximum points for all biometric levels with the certification by the individual's healthcare provider.

If you are seeking a reasonable alternative or exemption waiver, you must have your medical care provider complete the attached "Medical Exemption Certification Form" prepared specifically for this purpose. **This form must be completed and returned via fax or mail, by the applicable key dates below.**

Key Dates:

- Completed form **must be received by:**
 - **December 13, 2019** for employees (and participating spouse/partner) completing fall 2019 open enrollment for 2020 benefits plan year.
 - **September 1, 2020** for employees (and participating spouse/partner) hired after fall 2019 open enrollment through May 2020.
 - Employees (and participating spouse/partner) hired June 2020 or after are not required to complete a biometric screening.

WKU Top Life Employee Wellness
& HealthFitness Corporation

Return the signed and dated Medical Exemption Certification Form to:

Health Fitness Corporation
Attn: Data Management
18325 Waterview Parkway, B200
Dallas, Texas 75252 USA

or

Fax confidentially to 1-866-698-9924

Medical Exemption Certification



I (the "Participant") listed below am participating in a voluntary wellness and health risk reduction program offered by my employer that is intended to encourage improved lifestyle behaviors and related health status.

If I have a medical condition or mental or physical health impairment, that makes it unreasonably difficult to satisfy, or inadvisable to attempt to satisfy, my wellness program health biometric target(s), then I shall qualify for the full biometric incentive associated with the program by having my health care provider complete and sign the form below.

TO BE FILLED OUT BY PARTICIPANT:

Participant's Name: (Please Print) _____

Participant's Unique ID: _____ **Company:** Western Kentucky University

- o **Employee = WKU ID (9 digit 800 #) E.g. 800456789**
- o **Cross Reference/Secondary Employee = Primary Employee WKU ID + S + Secondary Employee DOB (mmddyyyy) E.g. 800456789S11201980**
- o **Spouse/Partners = Employee WKU ID + S + Spouse DOB E.g. 800456789S11201980**

Participant's Date of Birth: _____
(MM/DD/YYYY)

TO BE FILLED OUT BY NAMED PARTICIPANT'S MEDICAL CARE PROVIDER:

I hereby certify that the participant named above is under my care. I represent that I have reviewed the participant's health status and attest that the participant's health status makes it unreasonably difficult or inadvisable to meet the biometric health screening outcomes as indicated below.

Physician's Name: _____
(Please Print)

Facility/Clinic Name: _____

Facility Location: City & State _____

Physicians Signature: _____ **Date:** _____

PLEASE RETURN THIS SIGNED AND DATED FORM TO HEALTHFITNESS BY YOUR TIER I DEADLINE.

Health Fitness Corporation or Fax confidentially to 1-866-698-9924
 Attn: Data Management
 18325 Waterview Parkway, B200
 Dallas, Texas 75252 USA

Biometric Health Target	Range
BMI/WEIGHT LOSS	< 27.5
BLOOD PRESSURE	< 140 and < 90 mm Hg
TOTAL CHOLESTEROL	< 200
FASTING GLUCOSE	< 100mg/dL

If you have any questions regarding the medical exception process, please call HealthFitness Customer Service at **800-616-2136**