Medical Exemption Certification

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 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 2017-2018 activity points within the biometric screening only.

Top Life Wellness program 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, Western Kentucky University will waive the biometric program level 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. <u>This form must be completed and returned via fax or mail, on or before September 1, 2018.</u>

Western Kentucky University
& HealthFitness Corporation

Return the signed and dated Medical Exemption Certification Form to:

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

Medical Exemption Certification

HealthFitness.

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

Employee (excluding Cross-Reference Secondary) WKU ID (9 digit 800 #)
Cross Reference/Secondary Employee & Spouse/Partners – Cross Reference or Primary Employee's WKU ID (9-digit 800#) + s + mmddyyyy for your DOB (ex: 800456789S10311992)

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 SEPTEMBER 1, 2018

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

or Fax confidentially to 1-866-698-9924

Biometric Health Target	Range
BMI/WEIGHT LOSS	< 27.5 OR 5% weight loss from previous year (from HFC data)
BLOOD PRESSURE – Age Based	Age <59: < 120/<80; Age 60+ <150/<90
TOTAL CHOLESTEROL OR HDL RATIO	< 200 Ratio 4.0 or less
FASTING GLUCOSE	<100

Medical Exemption Certification

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