UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

BIOMETRIC SCREENING FORM – 2024 Benefits

Submission Deadline: September 30, 2023

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

Full Name: _____

Gender: _____ **Date of Birth:** _____

Last 4 of SSN: _____ **Phone:** _____

E-mail: _____

Spouse's Information (if applicable):

Full Name:

Last 4 of SSN:

Relationship: ☐ Participant ☐ Spouse

NOTE: Biometric screening data and lab work must have been collected between **October 1, 2022** and **September 30, 2023**. Completed Biometric Screening Forms must be received by the Fund Office no later than **September 30, 2023**. *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, 2022 and September 30, 2023 - *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, 2023: *(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 via e-mail or letter when your Form is received and/or if further action is required.*

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