

BIOMETRIC SCREENING FORM - 2026 Benefits

Submission Deadline: September 30, 2025

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

Full Name: _____

Gender: _____ Date of Birth: _____

Last 4 of SSN: _____ Phone: _____

E-mail: _____

Employer: _____

Spouse's Information (if applicable):

Full Name: _____

Last 4 of SSN: _____

Is Spouse also a Participant? (Y/N): _____

Form completed for:

Participant ☐ Spouse ☐

NOTE: Biometric screening data and lab work must have been collected between October 1, 2024 and September 30, 2025.

**Biometric Screening Forms are only required if you wish to enroll 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, 2024 and September 30, 2025- 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

(and/or)
A1C

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 45, 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, 2025: (Keep a copy for your records)

Mail: 3031 B Walton Road Plymouth Meeting PA, 19462

Fax: (610) 941-9602

Email: OpenEnrollment@UFCW1776benefitfunds.org

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