2017 ENGAGEMENT INCENTIVE AFFIDAVIT
Go365 (formerly Humana Vitality Program)

Broward County’s medical plans are designed to encourage healthy lifestyles and engage members in actively managing their own health care. Preventive screenings/exams and tests are free and can help find problems before they start, or at an early stage when the chances for treatment and cure are better. In order to keep the plans affordable, it is important for all members to take an active role in their health and wellbeing. The aggregate data also helps to design future benefit and wellbeing programs that may improve enrolled members’ health and wellness.

Annual preventive services (provided at no cost in-network to plan members), play a key factor in early detection of chronic and life threatening diseases. In recognition of the important for annual preventive screenings, the County is continuing the Engagement Incentive for 2017. To receive the County-funding for the Health Reimbursement Account (HRA) or Health Savings Account (HSA), all employees and enrolled spouses/registered domestic partners (DP), must complete one of the activities on the reverse side of this form, per person, and submit the completed 2017 ENGAGEMENT INCENTIVE AFFIDAVIT. See reverse side of this form for additional information.

Deadline to complete preventive screening is March 31, 2017 to receive 2017 County HRA or HSA funding. Newly benefit-eligible employees with benefits effective January 1, 2017 or later, are exempt from the requirement during their first year.

Employee Last Name: ________________________________ First Name: ________________________________

Employee ID#: ________________________________ Spouse/DP’s Name: ________________________________

Is this form for:  ☐ Employee  ☐ Spouse/Registered Domestic Partner

Qualified Preventive Screening OR Humana Go365 Biometric Screening & Health Assessment
Please use this side if you are/were a Humana Health Plan Member at the time of service.

If not, please use the reverse side of this form.

Complete this section by checking all that apply and noting the date of the screening/exam/fingerstick. (Dates of service may be found by logging in to myHumana.com or contacting a Humana on-site representative.)

☐ I have completed the online Health Assessment & finger-stick  Date: ________________________________

☐ I have completed a Qualified Preventive Screening Service in the last 12 months.  Date: ________________________________

Type of Screening/Exam Received: ________________________________

By signing this document, you agree to allow your medical care provider and/or Humana Health Plan to provide your name and verification of completion of Preventive Screening Services and/or Biometric Screening and online Health Risk Assessment to the Broward County, Employee Benefit Services Section as required to authorize release of the County-funded applicable HRA/HSA funds. If you would like to revoke this authorization at any time, written notice must be provided to the Broward County, Employee Benefit Services Section. However, any actions taken by Broward County, Employee Benefit Services Section in reliance on your authorization before you revoked it will not be affected by the revocation.

Member Signature: ________________________________ Date: ________________________________

Complete and return this form to:
Broward County Employee Benefit Services | Governmental Center, Room 514
Secured Fax: 954-728-2777 | Email: Benefits@broward.org

Office Use Only: Information Verification

Humana Signature: ________________________________ Date: ________________________________
Physician Certification

Please use this side if you are/were NOT a Humana Health Plan Member at the time of service; or if your screening service/exam cannot be verified by Humana (e.g. DOT physical, etc.)

Physician to complete this section:

Provider Name: ______________________________ Telephone: __________________________

Type of Screening/Exam: ___________________________ Date of Service: _______________________

I certify that the individual listed on this form received his/her qualified preventive screening/exam, and/or Vitality Check.

Provider Signature: ___________________________ Date: __________________________

By signing this document, you agree to allow your medical care provider and/or Humana Health Plan to provide your name and verification of completion of Preventive Screening Services and/or Biometric Screening and online Health Risk Assessment to the Broward County, Employee Benefit Services Section as required to authorize release of the County-funded applicable HRA/HSA funds. If you would like to revoke this authorization at any time, written notice must be provided to the Broward County, Employee Benefit Services Section. However, any actions taken by Broward County, Employee Benefit Services Section in reliance on your authorization before you revoked it will not be affected by the revocation.

Print Member/Patient Name: __________________________________________________________

Signature: ___________________________ Date: __________________________

Is patient the     ☐ Employee     ☐ Spouse/Registered Domestic Partner

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Qualified Preventive Screenings include the following:

Option 1: (Humana Health Plan members only)

Engage in the Humana Go365 Program by completing all three (3) steps:

1. Enroll in Go365 by visiting myHumana.com
2. Complete the Humana Biometric Screening (finger-stick)
3. Complete the online Humana Health Assessment at myHumana.com

Locations to complete Biometric Screening (finger-stick):

1. Limited on-site County’s WELLBEING events
2. Physician’s Office
3. Walgreens Healthcare Clinic

Log in to myHumana.com for Vitality Check vouchers and forms for services at
Walgreens Healthcare Clinic or your physician’s office.

Option 2:

Completion of one (1) of the following qualified preventive screenings/exams in the last twelve (12) months:

☐ Annual preventive physical exam
☐ Prostate exam
☐ Mammography screening (preventive)
☐ Colonoscopy
☐ Well-woman exam

Florida Statute 817.234 clearly states that any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Any person committing such fraud will be subject to appropriate action by Broward County, health plan manager, and/or the third party administrator.