



Union Pacific Wellness Program

Annual Physical Incentive Form

Employees (and spouses) enrolled in a Union Pacific-sponsored High Deductible Health Plan (HDHP) have the opportunity to earn \$150 Union Pacific Health Savings Account (HSA) incentive contribution by obtaining an annual physical and submitting a completed copy of this Annual Physical Incentive Form by Dec. 31 of each calendar year. **To ensure timely credit of the incentive funds, employees should assume responsibility for submitting this form.**

ANNUAL PHYSICAL INCENTIVE CHECKLIST

- Visit the WebMD Live Well portal www.webmdhealth.com/unionpacific.
- Select *First Time Here? Register* and follow the instructions OR login with your existing username and password. Employees and spouses must each have their own account.
- Schedule an annual physical appointment with a physician. Employees and spouses must each have their own appointment.
- Ask the physician to complete and sign this form before leaving the office. Employees and spouses must each have their own form.
- Upload this completed form to the WebMD Live Well portal. For best results, scan this form, save as a PDF and upload the form to <http://www.up.com/incentives>. Save a confirmation screen shot for your records. Fax is also available, however not the preferred method. Fax (317) 810-8725 and save confirmation. Employees and spouses must each submit their own form; refrain from asking physician's office to submit.

TO BE FILLED OUT BY PHYSICIAN

Union Pacific encourages employees (and spouses) to discuss their health risks with their physician and encourages physicians to recommend appropriate preventive care and screenings, such as those recommended by the U.S. Preventive Services Task Force. Please complete the form below. I certify that I have discussed with the above patient the preventive care and screenings that I consider appropriate.

Physician Name (Print): _____ Phone: _____

Physician's Signature: _____ Date of Exam: _____

TO BE FILLED OUT BY EMPLOYEE (OR SPOUSE)

Employee registration ID _____ OR spouse registration ID _____
(UP 7 digit employee ID) (Employee's 7 digit ID + last 4 digits of **spouse** SSN)

(Please note: If you are a covered spouse of a Nonagreement employee and also an Employee of Union Pacific, use your unique Employee ID for registration purposes.)

Name (Print): _____ Date: _____

Signature: _____ Phone: _____

ABOUT WebMD: All information on this form is processed by **WebMD**, a third-party health management company. No specific health-related data is provided to Union Pacific. By signing this form the patient (employee or spouse) has consented to release the information to **WebMD**. If you have any questions regarding patient confidentiality, please call **WebMD** at (888) 860-3096. You may also contact WebMD by fax at (317) 810-8725.