Program Year: 02/01/2026–11/30/2026

Sponsor ID	Member number

PERSONIFY HEALTH REASONABLE ALTERNATIVE FORM

As part of the wellness program, you are encouraged to take an active role in managing your health by completing the Be Healthy Biometric Screening. You can earn rewards for completing the screening and achieving the below metrics. Certain conditions may temporarily prevent you from achieving these outcomes such as pregnancy, cancer, or surgery. In these cases, this form can be completed and signed by your primary provider/physician as a reasonable alternative after completing a screening to allow you to earn available Be Healthy Biometric Screening program rewards.

You must complete a screening during the 02/01/2026-11/30/2026 to qualify for this alternative. Once completed and signed, submit the form to Personify Health via fax number 888-501-6442 to get rewarded for all outcomes checked below (up to your annual reward program $ limit).

PART 1: EMPLOYEE COMPLETES: MEMBER INFORMATION

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Employee ☐ N/A ☐ Date of Birth mm / dd / yyyy ☐☐/☐☐/☐☐☐☐ Employee ID ☐☐☐☐☐☐☐☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

By submitting, I verify that the information my representative or I have supplied is true and complete, and there has been no attempt made to knowingly provide any false, incomplete, or misleading information. By signing this form, you authorize the physician to release this information to Personify Health.

Employee Member Signature ____________________ Signature Date ____________________

PART 2: PROVIDER COMPLETES: REASONABLE ALTERNATIVES FOR BIOMETRIC OUTCOMES

My patient, named above, does not currently meet the rewardable measurement requirements set forth in the wellness program for the following listed below.

Biometric Outcome	Event Code	Biometric Outcome	Event Code
☐ Waist circumference <35 for females and <40 for males	WCI	☐ LCD cholesterol less than 100 mg/dL	CLI
☐ Blood pressure less than 120/80 BPI	BPI	☐ Fasting blood sugar less than 100	FGI

Healthcare Provider Name (please print) ____________________ Healthcare Provider Signature ____________________

Healthcare Provider Phone Number ____________________ Healthcare Provider Signature Date ____________________

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COMPLETE THIS FORM AND SUBMIT BY: 11/30/2026

To submit your completed form, use Secure Fax: 888-501-6442
Mail: Personify Health ATTN: Screening Service Data Entry 75 Fountain Street, Providence, RI 02902
Incomplete or altered submissions of this form may delay or eliminate your reasonable alternative eligibility.