

Incentive Credit or Case Management Non-Utilization of Service Fee Accommodation Application

Instructions:

1. Complete this form to apply for an accommodation for non-tobacco use, fitness, weight management, and / or case management non-utilization of service fee. This is an application for incentive credit or a non-utilization of service fee waiver for the health and wellness year beginning October 1, 2018 only.
2. Include any attachments as described in Section 2 to support your application.
3. Submit the completed form and attachments to Timothy P. Dillon.
4. You will receive written notice of determination from Human Resources within 10 business days.
 - a. If your application is **approved**, the points credited will apply for the October 1, 2018 – September 30, 2019 health and wellness year only or the case management non-utilization of service fee will be waived.
 - b. If your application is **pending**, you may be required to furnish further substantiation of your claim.
 - c. If your application is **denied**, that determination is considered final.

This form and supporting documentation are subject to review and final determination by Devereux. Individuals found to have falsified, exaggerated, or otherwise misrepresented any information contained herein may be subject to disciplinary action in accordance with the Devereux Standards of Conduct, up to and including termination of employment, restitution for benefits received falsely, loss of medical coverage, as well as his/her family's ineligibility for COBRA benefits.



1. Reason(s) for the application for accommodation.

Identify one or more programs for which you are requesting an accommodation due to medical difficulty or inadvisability to participate based on medically supported reasons. You may include additional information on a separate sheet if necessary. Check all programs that apply.

- Non-Tobacco Use
- Fitness
- Weight Management
- Case Management Non-Utilization of Service Fee

Describe the type of accommodation being requested, the reason for the request and the alternative that you wish to recommend:

A. Non-Tobacco Use

- It is medically difficult / inadvisable for you to quit using tobacco. Please explain:

- It is medically impossible for you to quit using tobacco. Please explain:

- Other. Please explain:

B. Fitness Program

- It is medically difficult / inadvisable for you to participate in the Fitness Program. Please explain:

- It is medically impossible for you to participate in the Fitness Program. Please explain:

- Other. Please explain:



- Please identify appropriate alternatives of fitness that your primary care physician and / or health coach has recommended:

C. Weight Management Program

- It is medically difficult / inadvisable for you to participate in the Weight Management Program.

Please explain:

- It is medically impossible for you to participate in the Weight Management Program. Please explain:

- Other. Please explain:

- Please identify appropriate weight management alternatives that your primary care physician and / or health coach has recommended:

D. Case Management Non-Utilization of Service Fee

It is medically difficult / inadvisable for you to participate in the Blue Cross Case Management Program. Please explain:

- It is medically impossible for you to participate in the Blue Cross Case Management Program.

Please explain:

- Other. Please explain:



- Please identify appropriate case management alternatives that your primary care physician and / or health coach has recommended:

Required documentation

A. Non-Tobacco Use

Depending on your reason for applying for the non-tobacco use accommodation, documentation may be required to substantiate your claim. To support your application, please provide as many of the following items as possible:

- Proof of participation in and duration of a tobacco cessation program (e.g., signed note from program sponsor, certificate of completion, etc.)
- Proof of completed prescription drug therapy program and duration of participation (e.g., filled prescriptions, doctor's note, etc.)
- Proof of completed over-the-counter therapy program (e.g., receipts from purchase of nicotine gum, nicotine patch, etc.)
- Doctor's documentation that quitting would be medically inadvisable or medically impossible for you to do.

- Other (please explain) _____

Please note that the more evidence you can provide that you have made a good-faith effort to quit using tobacco, the more favorably your application will be received.

B. Fitness Program

Depending on your reason for applying for the accommodation to participate in the fitness program, documentation may be required to substantiate your claim. To support your application, please provide as many of the following items as possible:

- Doctor's documentation that participation in the fitness program would be medically inadvisable or medically impossible for you.

- Other (please explain) _____

Please note that the more evidence you can provide, the more favorably your application will be received.

C. Weight Management Program

Depending on your reason for applying for the accommodation to participate in the weight management program, documentation may be required to substantiate your claim. To support your application, please provide as many of the following items as possible:

- Doctor's documentation that participation in the weight management program would be medically inadvisable or medically impossible for you.

- Other (please explain) _____

Please note that the more evidence you can provide, the more favorably your application will be received.



D. Case Management Non-Utilization of Service Fee

Depending on your reason for applying for the accommodation to waive the case management non-utilization of service fee, documentation may be required to substantiate your claim. To support your application, please provide as many of the following items as possible:

- Doctor’s documentation that it would be medically inadvisable or medically impossible for you to participate in the Blue Cross Case Management Program.
- Other (please explain) _____

Please note that the more evidence you can provide, the more favorably your application will be received.

2. Affidavit

I hereby certify that the statements made in this document and any applicable attachments are true and accurate. I understand that misrepresentation of any information contained herein may result in disciplinary action in accordance with the Devereux Standards of Conduct, up to and including termination of medical coverage and / or employment, restitution for benefits received falsely, loss of eligibility for COBRA coverage for me as well as my participating family members. I understand that approval of my application will be applied to future incentive credits only (as measured from the date of determination), and that this application cannot apply retroactively to past payroll for which no credits were given.

Print name

Sign name

Street address

City, State, Zip

Phone

Date

Submit this completed form and any attachments to Timothy P. Dillon, Vice President of Human Resources, Devereux, 2012 Renaissance Boulevard, King of Prussia, PA 19406.

