

# 2018 Phillips 66 Well-Being Incentive Program Biometric / Follow-up Physician Form



- This form serves as an attestation that you have completed a biometrics screening and/or a follow-up discussion with your primary care physician (PCP).
- Forms must be received by 11:59 Central Time on November 30, 2018 to receive credit. **It is your responsibility to ensure this form has been submitted and received by this date to receive the full credit amount.**
- Please do not include any Personal Health Information (PHI) on this form.
- Visit the [Rewards page](#) on the Virgin Pulse site for more details.

## Completed by Participant

Employee ID:

Last Name:

First Name:

Date of Birth:   -   -

(MM) (DD) (YYYY)

By signing below, I understand that choosing to participate in the Phillips 66 Well-Being Incentive Program is voluntary. I also authorize and direct Virgin Pulse to process my form to ensure I receive the appropriate incentive amount. Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Provider Information

Date of Exam: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Phone: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

- Requirements:  Complete this form in full. Signed and completed forms must be received by November 30, 2018 at 11:59 PM Central Time. Incomplete or late submissions will not be processed.
- Submit this form using one of the following methods:  
Fax to: (508) 302-0055 or Scan and email to: [forms@virginpulse.com](mailto:forms@virginpulse.com)