

2020 Phillips 66 Well-Being Program Biometric / Follow-up Physician Form



- This form serves as an attestation that you have completed a biometric screening and/or a follow-up discussion with your primary care physician (PCP).
- Forms must be received by November 30, 2020 at 11:59 PM Central Time 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 Protected 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)

I understand that choosing to participate in the Phillips 66 Well-Being Program is voluntary. By signing below, I authorize and direct Virgin Pulse to process my form and provide the necessary information to Phillips 66 to ensure that I receive the appropriate payroll credit amount from Phillips 66.

Employee Signature: _____ Date: _____

If you have questions regarding the information Virgin Pulse will be providing to Phillips 66, please contact Virgin Pulse at (888) 671-9395 or support@virginpulse.com.

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, 2020 at 11:59 PM Central Time. Incomplete or late submissions will not be processed.
- Scan and email to: forms@virginpulse.com

For questions, contact Virgin Pulse at (888) 671-9395 or support@virginpulse.com