



Program Completion Form

Subscriber's Name _____ Date of Birth ____/____/____

Employer's Name _____

Subscriber's Mailing Address _____

Applying for the \$300 Bonus:

Congratulations on completing the Wellness program through Business Resource Services!

To receive the bonus, simply fill out this form verifying that you have met the program criteria, and send it in with a copy of the cover page only of the Health Assessment report.

I certify that the statements in this application and all information provided by me in this process are true and complete to the best of my knowledge and that:

I am an actively enrolled employee of a group participating in the BRS/BCBSVT health insurance program for calendar year 2012

I have completed my annual wellness exam

I have completed the BCBSVT health assessment

Signature _____ Date _____

Comments: (optional)

Please send this form and the cover page of the Health Assessment report in one of these ways:

Electronically: via email (scanned versions only) to mcarrigan@brsvt.com or fax: 802.304.1029

US Postal Service: BRS, PO Box 9367, South Burlington Vermont, 05407-9367