



SHBP Retiree Wellness Program Physician Certification

You're eligible to participate in the SHBP Retiree Wellness Program. You must meet certain program requirements to be exempt from paying the health contribution of 1.5% of your retirement allowance. You must meet the following requirements by December 31st of each year for enrollment in the following years' Wellness Program. Bring this document with you to your annual physical for your physician to fill out.

Section I – (To be completed by SHBP Retiree. Please fill out all highlighted information)

Name:

Date of Birth:

Aetna Member ID Number:

Phone Number:

Email Address:

Physician's Name & Phone:

Section II – (To be completed by Physician. Please fill out all highlighted information)

Date of Annual Physical Examination:

Please list and date all age and gender appropriate health screenings and tests completed during the year. Please use an additional form if necessary and all information must be listed completely and accurately.

| | |
|--------------------------|--------------|
| Health Screening: | Date: |
| Health Screening: | Date: |
| Health Screening: | Date: |
| Health Screening: | Date: |
| Health Screening: | Date: |

Section III – (To be signed by Physician and SHBP Retiree)

Physician Signature:

Date:

Member Signature:

Date:

Program requirement reminder

You must complete or update your annual Health Assessment online. Just visit your Aetna® member website to do so. You also must complete the Physician Certification. You must complete both to be eligible to participate in the SHBP Retiree Wellness Program.

To find out more information about the program visit **AetnaStateNJ.com**:

- Select “Wellness”
- Choose “SHBP Retiree Wellness Program – State Medicare Retirees” at **1-866-234-3129**.

Or call Member Services at **1-866-234-3129 (TTY: 711)**.

How to complete or update the Health Assessment

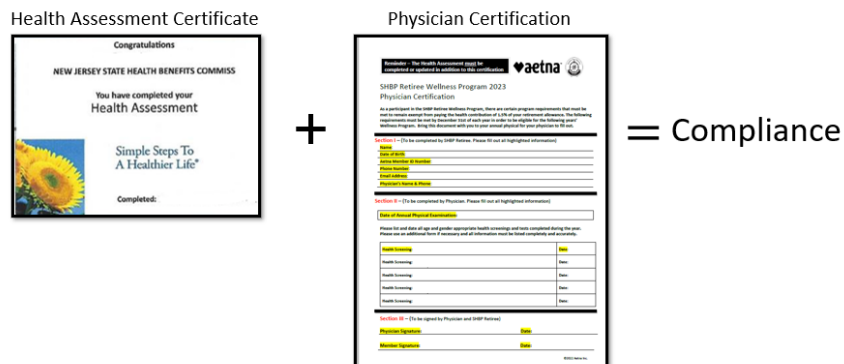
- Log in to your Aetna member website. First time users must click on the “Register” button to get started
- Under Current Coverage select “View your Medicare plan”
- Select “Living Well” from the top navigation
- Scroll down to “SHBP Health Assessment” tile then hit “Get Started”
- Print or save a copy of the Health Assessment completion certificate for your records
- Email the completion certificate to StateNJ@Aetna.com or fax to 1-860-754-2518
- Mail form to: Aetna Public & Labor SONJ SHBP | PO BOX 818092 | Cleveland, OH 44181-8092
- **It is always best to email your documents**

We’re here to help

If you have any questions, just call Member Services at **1-866-234-3129 (TTY: 711)**.

FRAUD WARNING: Any person who knowingly files a statement containing false or misleading information is subject to criminal and civil penalties.

I certify that I have read all the information contained on this document and the information provided above is correct. I authorize any provider who participated in care and treatment to release all medical or other information requested by Aetna in conjunction with the Retiree Wellness Program. This information is for the sole use of Aetna to administer the Retiree Wellness Program. I consent that my health plan can share my health screening information with the State Health Benefits Program for the purposes of supporting the Retiree Wellness Program only. Confidential specifics of my health screening will not be shared with the State Health Benefits Program; only whether I completed the screenings or not.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Medicare is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.