



Broward County Board of County Commissioners  
Human Resources Division | Employee Benefits Services  
115 S Andrews Avenue, Room 514, Fort Lauderdale FL 33301  
Office: 954-357-6700 | Secured Facsimile: 954-728-2777  
Email: Benefits@broward.org | Website: Broward.org/benefits

**ENGAGEMENT INCENTIVE AFFIDAVIT – 2019**  
(HDHP Plan Members Only)

Broward County's medical plans are designed to encourage healthy lifestyles and engage members in actively managing their own health care. Preventive screenings/exams and tests are free and can help find problems before they start, or at an early stage when the chances for treatment and cure are better. In order to keep the plans affordable, it is important for all members to take an active role in their health and wellbeing. The aggregate data also helps to design future benefit and wellbeing programs that may improve enrolled members' health and wellness.

Annual preventive services (provided at no cost in-network to plan members), play a key factor in early detection of chronic and life-threatening diseases. To receive the County-funding for the Health Savings Account (HSA)\*, all employees and enrolled spouses/registered domestic partners (DP), must complete one of the activities on the reverse side of this form, per person, and submit the completed 2019 ENGAGEMENT INCENTIVE AFFIDAVIT. See reverse side of this form for additional information.

\* Employees not eligible for an HSA will receive their funding in a Health Reimbursement Account (HRA) administered by PayFlex Systems USA, Inc.

**FUNDS WILL NOT BE PROVIDED UNTIL CONFIRMATION OF RECEIPT OF SERVICES IS RECEIVED**

Employee Name \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Is this form for: ☐ Employee ☐ Spouse/DP - Print Name (if applicable) \_\_\_\_\_

**Qualified Preventive Screening OR Health Survey & Finger-Stick Screening**

Complete below if you are/were enrolled in Broward County health insurance plan. *If not, go to Page 2*

☐ I have completed the Finger-Stick Screening and the online health survey. Date \_\_\_\_\_

☐ I have completed a Qualified Preventive Screening Service in the last 12 months.  
(See Page 2 for list of Qualified Preventive Screenings.) Date \_\_\_\_\_

Type of Screening Service Received: \_\_\_\_\_

**MEMBER AUTHORIZATION**

By signing this document, you agree to allow your medical insurance carrier to provide your name and confirmation of service utilization to Broward County, Employee Benefit Services, for determining eligibility to receive County funding in your Health Savings Account or Health Reimbursement Account, as applicable. If you would like to revoke this authorization at any time, written notice must be provided to Broward County Employee Benefit Services. However, any actions taken by the Broward County, Employee Benefit Services in reliance on your authorization before you revoked it will not be affected by the revocation.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BENEFITS STAFF ONLY	
UHC/CCP VERIFIED BY:	EBS-KEYED IN SYSTEM:

Return completed form to  
Employee Benefit Services, Governmental Center Room 514 | Fax: 954-728-2777 | Email: Benefits@broward.org



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## ENGAGEMENT INCENTIVE AFFIDAVIT – 2019 (PAGE 2)

(HDHP Plan Members Only)

### QUALIFIED PREVENTIVE SCREENINGS OPTIONS

#### **OPTION 1 (Plan Members Only)**

Participate in your Medical Carrier's Wellness Program by completing all three (3) steps:

1. Enroll online in the UHC Rally Rewards Program by visiting [www.myuhc.com](http://www.myuhc.com) or the CCP WellSteps Rewards Program by visiting [www.ccpcares.org/bcg](http://www.ccpcares.org/bcg) **AND**
2. Complete the Biometric Screening (finger-stick) available at limited on-site Broward County WellBeing Program events, your Physician's office, or at Quest Diagnostics (details at Broward.org/Benefits) **AND**
3. Complete the online UHC Health Survey located at [www.myuhc.com](http://www.myuhc.com) or the CCP Health Survey located at [www.ccpcares.org/bcg](http://www.ccpcares.org/bcg).

#### **OPTION 2**

Completion of one (1) of the following Qualified Preventive Screenings/Exams within the last 12 months:

- ♥ Annual preventive physical exam
- ♥ Mammography screening (Preventive)
- ♥ Colonoscopy
- ♥ Annual Well-woman exam

Florida Statute 817.234 clearly states that any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Any person committing such fraud will be subject to appropriate action by Broward County, health insurance carrier, and/or Third Party Administrator.

#### **Physician Certification**

Complete this section if you are/were **NOT** a Broward County health insurance plan member at the time of service; or if your screening service/exam cannot be verified by Community Care Plan or UnitedHealthcare (e.g., DOT physical.)

Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Screening/Exam: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PHYSICIAN ATTESTATION**

I attest that the individual listed on this form received the Qualified Preventive Screening, as stated above.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **MEMBER AUTHORIZATION**

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Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee ID: \_\_\_\_\_

Is this form for: ☐ Employee ☐ Spouse/DP – Print Name (if applicable) \_\_\_\_\_

#### **BENEFITS STAFF ONLY**

UHC/CCP VERIFIED BY:

EBS-KEYED IN SYSTEM: