

Reminder – The Health Assessment must be completed or updated in addition to this certification



SHBP Retiree Wellness Program Physician Certification

Instructions: As a participant in the SHBP Retiree Wellness Program, there are certain program requirements that must be met to remain exempt from paying the health contribution of 1.5% of your retirement allowance. The following requirements must be met by December 31st of each year in order to be eligible for the following years' Wellness Program.

Section I – To be completed by SHBP Retiree. Please print all 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 print all information.

Date of Annual Physical Examination:

Please list the date of 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.

Blood Test (cholesterol, blood glucose): <i>Once every 5 years</i> Date Last Received:	Mammogram: <i>Once every year</i> Date Last Received:
Pap Test: <i>Once every 5 years (Women over 70 year of age may stop having screening.)</i> Date Last Received:	PSA Test: <i>Once every year starting at age 50. Men should be offered both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE)</i> Date Last Received:
Colorectal Cancer Screening - People over age 50 must have one of the following tests: <i>Stool blood test (FOBT) – every year; flexible sigmoidoscopy – every 5 years; double contrast barium enema – every 5 years; colonoscopy – every 10 years</i> Date Last Received:	

Section III – To be completed by SHBP Retiree. Please sign and date document.

Physician Signature:

Date:

Member Signature:

Date:

PROGRAM REQUIREMENT REMINDER: All members are required to complete or update their annual Health Assessment online through Aetna Navigator in addition to completing this Physician Certification. All members must complete both to be eligible to participate in the SHBP Retiree Wellness Program. Please visit www.aetna.com to log into your secure Aetna Navigator site to complete or update your Health Assessment.

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.

Please complete Section I & III of this SHBP Physician Certification. Bring this document with you to your annual physical for your physician to fill out. Have your physician complete and sign Section II of the Physician Certification.

Mail, fax or email your completed Physician Certification to:

**Aetna SHBP Team
50 West State Street
P.O. Box 299 Trenton, NJ 08625**

Fax Number: 1-860-754-2518

Email: statenj@aetna.com

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