

# QUALIFYING EVENT FORM – ADULT



**Complete Blueprint Labs for Wellness 1/1/2022 - 6/30/2022**

**Complete ALL OTHER QE Activities 1/1/2022 - 8/31/2022**

Employee, Spouse, Child 19+, Retiree 65 or younger

A completed form must be submitted by all adult members to qualify for either the ULTIMATE, BEST or BETTER plan level.

Employee/Retiree Name:	Employee ID: (active employees only)
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## PLAN MEMBER INFORMATION

Member Name:	<input type="radio"/> Employee	<input type="radio"/> Spouse/Dependent	<input type="radio"/> Retiree
Date of Birth:        /        /	Age on 1/1/22:		
Phone #:	Email Address:		

## EXAMS & SCREENINGS

Complete according to recommendations and age-appropriate guidelines put forth by CDC, ACG or USPSTF

**FAILURE TO PROVIDE A DATE FOR A COMPLETED EXAM OR SCREENING WILL PLACE PARTICIPANT IN THE BASIC OR BETTER PLAN LEVEL**

GENERAL EXAMS AND SCREENINGS		Date Completed	
1	Blueprint for Wellness Labs (complete by June 30, 2022)	/ /2022	<input type="radio"/> Not recommended*
2	Preventive Physical/Wellness Exam with Skin Cancer Screening	/ /2022	<input type="radio"/> Not recommended*
GENDER AND AGE-SPECIFIC EXAMS & SCREENINGS		Date Completed	
3	Colorectal Screening (Optional age 45-49, Required age 50+)	/ /20__	<input type="radio"/> Not recommended*
	Indicate screening and year completed (Required age 50+):	<input type="radio"/> Colonoscopy in past 10 years	
		<input type="radio"/> Cologuard - FIT-DNA stool test in past 3 years	
		<input type="radio"/> CT Colonography in past 5 years	
	FEMALE	MALE	Date Complete
4	Annual Mammogram (age 40+)	Annual Testicular Exam	/ /2022 <input type="radio"/> Not recommended*
5	Pelvic Exam (annually) and/or PAP (every 3 years for age 21+)		/ /2022 <input type="radio"/> Not recommended*

- **\*A doctor's note will need to be provided for any not recommended.\***
- **I attest that the dates provided above are true and accurate.**
- **I acknowledge that if an audit reveals this information to be inaccurate, my plan level will be downgraded.**
- **I understand that failure to submit this form will result in a plan level downgrade.**

**DO NOT SUBMIT FORM UNTIL ALL REQUIRED EXAMS AND SCREENINGS ARE COMPLETE.**

Participant Signature (Required):	Date:
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Upload completed form and any supporting documents into Benefit Express or to your Insurance Coordinator. See QE Packet for more information.

**FOR ACTIVE EMPLOYEES ONLY:** I understand that to earn Health Bucks in 2022, I have the option to participate in the Health Improvement & Incentive Program (HiIP). I can earn up to \$600 in Health Bucks by participating in a combination of the following activities: Blueprint Labs, Prescription for Health, Get to Know MYC, Happy Mind, and Happy Body.

To learn more, visit [www.manateeyourchoice.com/HiIP](http://www.manateeyourchoice.com/HiIP)

☐ Yes      ☐ No