Alternative Means Letter

Trustmark Companies
PERSONAL. FLEXIBLE. TRUSTED.

HealthFitness.

October 1, 2010

Dear Trustmark Companies Employees,

From October 1, 2010 - October 28, 2010, Trustmark is providing the opportunity for all part-time and full-time, regular employees of Trustmark, CoreSource, and Health Contact Partners to attend a free, confidential onsite biometric screening. The biometric screening allows you the opportunity to learn about your health risks, and, in conjunction with completion of your health risk assessment and My Medical Plan Options course through Asset Health, earn up to $240 annually in medical premium reductions for the upcoming year.

For those who are unable to attend these screening events, we are providing you with an alternative opportunity to earn your incentive. So, if you are on vacation, busy, or time just got away from you, now is the time for you to take advantage of the confidential "Alternative Means Screening Process" provided by *HealthFitness.*

The process is simple:

1. Call your health care provider for an appointment. *Note: Lab results collected on or after April 1, 2010 can be submitted to qualify for the screening portion of the incentive.*

2. Attend your appointment and make sure that you have the following biometrics measured:

   - **Height**
   - **Weight**
   - **Blood Pressure**
   - **Total Cholesterol**
   - **LDL**
   - **HDL**
   - **Triglycerides**
   - **Glucose**

3. Ask your health care provider to complete the "Alternative Means Screening Authorization" form.

4. Review your form carefully before submitting, as HealthFitness will process only those forms that have been completed fully. Your wellness program unique ID on the form should be listed as the first initial of your first name + up to the first four letters of your last name + the MMDDYY of your birth date. (Example: Anne Smith, date of birth=01/04/1946; unique ID = asmith010446)

5. Return your completed Alternative Means Screening Authorization form to be postmarked between October 1-October 28, 2010 to **Health Fitness Corporation** at:

Fax Number: 469-916-5939

OR

Health Fitness Corporation
5068 West Plano Parkway, Suite 250
Plano, Texas 75093 USA*

**If mailing, write "Trustmark" in lower left corner of the envelope*
Mail to be postmarked between October 1- October 28, 2010.

We hope that you take advantage of this great benefit offered by your wellness program, Be Your Best Self**.** If you have any questions regarding the Alternative Means screening process, please contact Customer Service at 1-866-454-5376. If you have any questions about the Be Your Best Self program, please contact Melody Canak.

Sincerely,

Melody Canak
Benefits Director
melody.canak@trustmarkinsurance.com
847-283-2339

Authorization to Release Biometric Screening Information

Trustmark Companies
PERSONAL. FLEXIBLE. TRUSTED.

HealthFitness™
Empowered.Results.

To participate in the Trustmark Alternative Screening program, this form needs to be completed in its entirety. The form will be considered incomplete if items are left blank or your health care provider does not sign this form. In addition, you may not be eligible to receive up to $240 annually in medical premium reductions, if you do not return your completed form. **Your wellness program unique ID should be listed as the first initial of your first name + up to the first four letters of your last name + the MMDDYY of your birth date**.

Please complete the following information:

Wellness Program Unique ID:		Name:	
Date of Birth:		Gender:	☐ Male ☐ Female

I hereby authorize the medical health care provider and/or medical facility listed below to release the following biometric data to Health Fitness Corporation:

Name:_____

Address:_____

Telephone/fax:_____

MEDICAL PROVIDER MUST COMPLETE AND SIGN THE INFORMATION BELOW

Height in inches:		Weight in lbs.		Blood Pressure:	/
Total Cholesterol:		HDL:		LDL:	
Triglycerides:		Glucose:		Fasting:	Y / N

Health Care Provider Signature: _____Date:_____

To be eligible for your incentive and participate in programming, please return your completed Alternative Means Screening Authorization form to be postmarked between October 1- October 28, 2010 to **Health Fitness Corporation** at:

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OR

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Plano, Texas 75093 USA*

If mailing, write "Trustmark" in lower left corner of the envelope – **to be postmarked between October 1- October 28, 2010.*
***Lab results collected through your health care provider on or after April 1, 2010 can be used when submitting this form.*

If you have any questions on the Alternative Screening process, please call HealthFitness Customer Service at 1-866-454-5376.

Questions about the Be Your Best Self Program should be directed to Melody Canak at 847-283-2339.

THANK YOU!