



## Waukesha County HRA Program BIOMETRIC SCREENING - REMOTE INSTRUCTIONS

The HRA Program is voluntary for employees and currently enrolled spouses in the health insurance. It consists of a biometric screening, which includes (includes blood draw, height, weight, and blood pressure) in order to earn the health plan incentive for 2025. **If you would prefer to utilize your primary care provider, please take the attached 'Biometric Screening Visit - Certification of Completion Form' with you to your appointment to have your provider sign and date for verification of completion.** All other information is confidential and will not be shared with Waukesha County in accordance with HIPAA guidelines.

*Note: You can expect that you will be required to pay for the cost of the lab work and possibly an office visit. To avoid the costs, employees and spouses are encouraged to complete the screening at the WEH&WC at no cost.*

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### Participant Instructions:

1. **Schedule appointment with your primary care provider to have the following completed between January 1, 2024, and September 30, 2024:**
  - a. **Biometrics required:**
    - Height
    - Weight
    - Blood Pressure
  - b. **Labs required:**
    - Glucose
    - Full Lipid Panel (to include Total Cholesterol, HDL, LDL, and Triglycerides)
    - HbA1C
    - Complete Metabolic Panel
    - PSA (Males age 50+)
  - c. **PCP/Physician to sign and date the Biometric Screening Visit - Certification of Completion Form**

#### **Helpful Hints:**

- *Take the attached Biometric Screening Visit Certification of Completion Form to your outside provider. Your physician must complete form and sign where indicated.*
- *Labs will be accepted for visits **between January 1, 2024, and September 30, 2024.***
- *Drink plenty of water in the 24 hours prior to your appointment.*
- *Take your medications as prescribed by your healthcare provider.*
- *Please be sure your provider completes all biometric results listed above and signs the form.*
- *Be sure to return the form to Waukesha County Human Resources no later than September 30, 2024. If mailing, it must be postmarked by September 30, 2024.*

2. **Return the Biometric Screening Visit - Certification of Completion Form to Waukesha County's Human Resources Department by **September 30, 2024.****

Waukesha County Human Resources  
515 W Moreland Blvd, Rm A-160  
Waukesha, WI 53188-2482  
HRBenefits@waukeshacounty.gov  
Phone: (262) 548-7044 | Fax (262) 896-8272



## Waukesha County HRA Program BIOMETRIC SCREENING VISIT - CERTIFICATION OF COMPLETION FORM

**Participant Instructions:**

The HRA Program is voluntary for employees and currently enrolled spouses in the health insurance. It consists of a biometric screening, which includes (includes blood draw, height, weight, and blood pressure) in order to earn the health plan incentive for 2025. **If you would prefer to utilize your primary care provider, please take this form with your appointment to have your provider sign and date for verification of completion of your Biometric Screening Visit.** All other information is confidential and will not be shared with Waukesha County in accordance with HIPAA guidelines.

*Note: You can expect that you will be required to pay for the cost of the lab work and possibly an office visit. To avoid the costs, employees and spouses are encouraged to complete the screening at the WEH&WC at no cost.*

**You must return this form to Waukesha County’s Human Resources Department by September 30, 2024.**

Waukesha County Human Resources  
515 W Moreland Blvd, Rm A-160  
Waukesha, WI 53188-2482  
Phone: (262) 548-7044 | Fax (262) 896-8272

**Waukesha County Employee/Spouse Name (print):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Waukesha County Employee/Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Instructions:**

Health plan incentives are available to employees and their spouses who are covered by one of the health insurance plans offered by Waukesha County if they complete a Biometric Screening Visit. **Biometric Screening Visits completed between January 1, 2024, and September 30, 2024, will be accepted.**

**The following are required for a Biometric Screening Visit:**

- **Biometrics required:**
  - Height
  - Weight
  - Blood Pressure
- **Labs required:**
  - Glucose
  - Full Lipid Panel (to include Total Cholesterol, HDL, LDL, and Triglycerides)
  - HbA1C
  - Complete Metabolic Panel
  - PSA (Males age 50+)

By signing below, you acknowledge the above participant has completed a Biometric Screening Visit with you.

**I am confirming that I have met with the named participant to complete a Biometric Screening Visit to satisfy the requirements of the Waukesha County HRA Program.**

**Date of Biometric Screening Visit:** \_\_\_\_\_

**Physician Name (Print):** \_\_\_\_\_ **Physician Phone Number:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_