

ALL POINTS MUST BE SUBMITTED BY JUNE 30, 2017!



City of Milwaukee Healthy Rewards Program Points Submission



Directions: Click in each box and type all appropriate information.
For fax submissions, print this completed document and use as the cover sheet of your submission.

Date*:

Total Pages (including cover sheet)*:

To: City of Milwaukee Health Rewards Program – Points Entry

E-mail: cityofmke@froedtert.com

Phone: 414-777-3410

FAX: 262-253-5152

Participant Name*:

PeopleSoft ID*:

Telephone*:

Fax:

E-mail address*:

Documents attached (Check all that apply):

PCP Release Form

Preventive/Wellness Exam

Dental Exam

Flu Shot

MYUHC.com Welcome Page Copy or Screen Shot of Mobile UHC Health4Me App

Physical Activity Proof

Group Program

Financial Wellness

*** All areas marked with an asterisk (*) on this form must be filled out in order for your participation to be tracked. Failure to fill out all appropriate sections will result in your form being discarded.**