

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.

Health Screening:	Date:
Health Screening:	Date:
Health Screening:	Date:
Health Screening:	Date:
Health Screening:	Date:

Section III – To be signed by Physician and SHBP Retiree.

Physician Signature:

Date:

Member Signature:

Date:

PROGRAM REQUIREMENT REMINDER: All members are required to complete or update their annual **Health Assessment** online through Aetna Member Website 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.aetnastatenj.com/state/wellness.php or call Member Services at **1-866-234-3129**.

- **Select SHBP Retiree Wellness Program**
- **Click State Medicare eligible**
- **Click Step 1 Complete or update the health assessment**
- Log in to your secure Aetna Member website. Not registered? Click on the “Register” button to get started. Get your Aetna member ID card. Then follow the prompts to create a username and password, and log in.
- Look for “Stay Healthy” and click on “Health Assessment.”
- Answer the questions to complete the Health Assessment. If this is your first visit, you will complete the entire Health Assessment. If you have completed it before, you can simply update it with new information.
- Remember to say “yes” to participate in any disease management programs we might recommend.

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 Public & Labor
9 Entin Rd, Suite 203
Parsippany, NJ 07054**

Fax Number: 1-860-754-2518

Email: statenj@aetna.com

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