



## Drake Wellness Incentive Program Enrollment Form

### A. Employee Information

New Enrollment

Special Enrollment

Your name (last, first, middle initial)		Social Security Number
Campus Address	Department or College	Campus Telephone Number

### B. Participation Election

I want to participate in the health screening as part of the Drake Wellness Incentive Program.

Health Screens are performed by health professionals from Iowa Methodist Medical Center. Screens include a personal risk assessment questionnaire; measurement of blood pressure, heart rate, body fat, height and weight; blood profile including lipids plus glucose; and immediate one-on-one consultation with a health professional.

I understand that my election to participate in the health screening is completely voluntary and that my personal profile will be kept completely confidential. Also, my participation in the health screening will adjust my medical premium contributions.

I further understand that if I choose, at a later date, not to participate in the health screening, my premium contribution will reflect the non-wellness participation rate as of the first of the month following the scheduled health screening.

Signature of employee (Please do not print)	Date signed
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### C. Participation Refusal

I do not elect to participate in the health screening.

Signature of employee (Please do not print)	Date signed
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