



Wise and Well Completion Form (2019)

Fill out the information below and return to NMRHCA. PROVIDE PROOF of completion or ongoing participation in program (certificate of participation, receipt, attendance record, letter from doctor/program leader); forms without proper documentation WILL BE REJECTED. Please complete two separate programs for credit. Examples of classes and resources are available at nmrhca.org/wellness-incentive.aspx. *If you complete a personal health assessment or health risk assessment, we ask that your second activity be based on your assessment results.

I have completed or am active in the following wellness programs/courses that I wish to apply toward credit for a \$50 Gift Card. I understand that NMRHCA may verify and must approve both selections to qualify for credit.

*** Please note that you are allowed to turn in ONE form per calendar year. ***

Your name: _____

Date: _____

First Wellness Program (check one):

- Fitness/Exercise
- Diabetes Management/Prevention
- Chronic Disease Management/Prevention
- Nutrition/Weight Management
- Health/Wellness Education/Smoking Cessation
- *Personal Health Assessment/Health Risk Assessment → →

Second Wellness Program (check one)

- Fitness/Exercise
- Diabetes Management/Prevention
- Chronic Disease Management/Prevention
- Nutrition/Weight Management
- Health/Wellness Education/Smoking Cessation
- PHA/HRA Action Plan

Your Health Plan (please circle one): BCBS Humana Presbyterian UHC

Has your address changed in the last 12 months?

If yes, please provide current address:

Please provide current email so we can confirm successful completion of program

Email: _____

Phone: _____

Date of Birth: _____

Please return this form to New Mexico Retiree Health Care Authority. You may also mail it to us at: 4308 Carlisle Blvd., NE, Suite 104, Albuquerque, NM 87107 or email it to us at NMRHCA.wellness@state.nm.us.

If you have any questions, please contact us at 1-800-233-2576 or email us at NMRHCA.wellness@state.nm.us.

FOR OFFICIAL USE ONLY

NMRHCA Verification: _____