

#### INSTRUCTIONS ON COMPLETING AN ONLINE OR IN-PERSON HEALTH EDUCATION COURSE OR CLASS

Kaiser participants will need to meet one of the health education requirements outlined below in order to be placed in to the Smart Choices Promise (HMO).

**Kaiser participants are no longer required to receive a traditional Biometric Screening.** In order for Kaiser Participants to qualify for the HEALTHY REWARDS, **both the member and spouse** must complete one of the following:

- > Take an online Health Risk Assessment; or
- Take an online Health Improvement course; or
- Attend a Kaiser Permanente Health Education class in person.
- For members with a chronic illness, this would include attending our Living with Chronic Illness class.
- For pregnant members, this would include attending one of our on-site prenatal classes.

If you take an on-line Health Risk Assessment or Health Improvement course, Kaiser will report your compliance to the Trust Fund Office.

If you choose to take a health education class in person or complete you must (1) complete Section 1 and (2) have the instructor complete and sign Section 2 of the enclosed Health Education Confirmation Form or a Certificate from Kaiser. Mail the completed form and/or certificate to the Trust Fund Office.

To take the health risk assessment on kp.org, go to My Health manager and choose "My medical record." *This feature requires you to be registered and signed on to Kaiser's Web site. If you haven't registered yet, start by going to kp.org/register.* Once you've completed the online questionnaire, you'll receive a customized action plan to help you succeed in creating a healthier lifestyle.

To take an online health improvement (Healthy Lifestyles) course, start by accessing <a href="https://www.kp.org/healthylifestyles">www.kp.org/healthylifestyles</a> and choosing from one of the available online courses that may be appropriate for you and your lifestyle.

## How to register on kp.org:

Step 1: Verify membership (first and last name, medical record number, birth date and location of care)

Step 2: Accept Terms

**Step 3:** Choose user ID (email address)

**Step 4:** Activate registration (last 4 digit of Social Security number)

**Step 5:** Complete registration

To attend a Health Education Class in person or if you have any questions about the course, inquire directly to Kaiser by calling:

1-800-464-4000

Or, go to www.kp.org and access tab entitled "Health and Wellness," then go to "Programs and Classes".



### Dear Kaiser Permanente Health Educator

# FORM IS REQUIRED ONLY IF THE MEMBER TAKES A CLASS IN PERSON INSTRUCTOR MUST SIGN/STAMP FORM (See Section 2 Below)

District Council 16 Health and Welfare members are suggested to take steps to improve their health in order to qualify for their Smart Choice Healthy Rewards. One of their choices is to attend a Kaiser Permanente health education class. If the member presenting you with this form has taken your class, please complete Section 2 by filling in your name, the date, and location of the class.

## Section 1: One form to be completed by the member and their spouse:

Dear District Council 16/Kaiser Permanente Member:

In order to qualify for the Kaiser/Smart Choice (HMO) under the District Council 16 Health and Welfare, you and your spouse (if applicable) must complete one of the following:

1) Complete a Kaiser Permanente online Health Risk Assessment; or

Member Name: \_\_\_\_\_

- 2) Complete a Kaiser Permanente online Health Improvement course; or
- 3) Attend a Kaiser Permanente Health Education class. If you choose to attend a health education class in person, you must also submit this completed verification form to the Trust Fund Office.

Spouse Name: \_\_\_\_\_

Member Date of Birth:	Spouse Date of Birth:
Member SSN or HCID Number:	
Section 2: To be completed by the Kaiser Permanente Health Educator  The Kaiser Member or Spouse named above has completed the following health education class:	
Member:	KAISER STAMP
Date of class:	
Name of Health Educator:	_
Spouse: Date of class:	_
Location of class:	_
Name of Health Educator:	_

