



KNOW YOUR NUMBERS – PHYSICIAN FORM

Schedule an appointment with your personal doctor and take this form with you. After your doctor completes the form, you or your doctor must submit this form one of the following ways:

1. Email (support@asethhealth.com)
2. Fax (248.816.3326)
3. Mail (Asset Health Inc., Attn: Physician Forms, 2250 Butterfield Drive, Suite 100 Troy, MI 48084), or
4. You can upload directly to your wellness portal

This data must be between **November 1, 2025 and October 21, 2026**. The form must be received by **October 31, 2026** to be eligible for the 2027 incentive. By signing below, you acknowledge that you have read and accept the ADA and GINA notice provided in its entirety.

Participant Last Name, First Name	/ /	Date of Birth	M	F
Gender (circle one)				
Address	City	State	Zip Code	
Home Phone	Cell Phone	E-mail Address		
Patient Signature	Employee Spouse			
	Relationship (circle one)			

NOTE: This entire top section must be filled out completely. Fasting is not required.

TEST	YOUR RESULTS
BMI (as determined by Height and Weight) Guideline, your BMI should be between 18.5 and 24.9 Waist Circumference Guideline, your waist circumference should be less than 40 inches for men, and less than 35 inches for women.	H: _____ ft. _____ in. W: _____ lbs. WC: _____ in.
Blood Pressure Guideline, your blood pressure should be less than 120 (systolic)/80 (diastolic)	Systolic _____ mm/Hg Diastolic _____ mm/Hg
Total Cholesterol Guideline, your Total Cholesterol should be less than 200mg/dL	_____ mg/dL
HDL Guideline, your HDL should be greater than 59	_____ mg/dL
LDL Guideline, your LDL should be less than 100	_____ mg/dL
Triglycerides Guideline, your triglycerides should be less than 150 mg/dL	_____ mg/dL
Fasting Glucose Guideline, your fasting glucose should be less than 100 mg/dL, OR non-fasting glucose should be less than 140 mg/dL.	_____ mg/dL

Check here to waive all of the biometric screening result(s): Due to pregnancy or other circumstance under the care of the physician.

Physician's Signature

Date of Lab Work

Date Signed

Phone Number



NOTICE REGARDING WELLNESS PROGRAM

Your wellness program is a voluntary wellness program available to all eligible individuals. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve individual health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary Health Assessment (HA) (also referred to as Wellness Assessment (WA), Health Risk Assessment (HRA), Health Risk Questionnaire (HRQ), Personal Health Assessment (PHA), Health Risk Evaluation (HRE) or Health Behavior Questionnaire (HBQ) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test for various biometric measurements, e.g., BMI, Blood Pressure, Glucose, etc. You are not required to complete the HA or to participate in the blood test and/or other medical examinations.

However, eligible individuals who choose to participate in the wellness program may receive an incentive for completing the HA and participating in the biometric screening. Although you are not required to complete the HA and participate in the biometric screening, only eligible individuals who do so will receive any available incentives relating to these activities.

The information from your HA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching, iKnowledge courses, etc. You also are encouraged to share your results or concerns with your own doctor.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees enrolled in a medical plan. If you are unable to participate in any of the health-related activities required to earn an incentive, you are entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Asset Health at 855-444-1255 or support@assethealth.com.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on overall identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) those individuals determined to be necessary such as a "qualified health professional", a "wellness program administrator" or a "health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by Asset Health and will not be received nor included in your personnel records. Information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact GPCbenefits@grahampackaging.com.

Authorization

We are required by law to obtain your prior, knowing, voluntary, and written authorization prior to obtaining your health information. Your signature on this form authorizes collection of your health information to be used for purposes of the wellness program. By signing this form, I acknowledge that I have read the above sections regarding the wellness program and understand the rights and protections available to me through the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.