



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Wellness Incentive Online Completion Form (2018)

Fill out the information below and return to the NMRHCA. You must have proof of completion (certificate of participation, receipt, contact info); please include documentation with your form. You must complete two separate programs for credit. Examples of classes and resources are available at nmrhca.org/wellness-incentive.aspx.

I have completed the following wellness programs/courses that I wish to apply toward credit for a \$50 Gift Card. I understand that the New Mexico Retiree Health Care Authority 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

(Example: Completed Health Risk Assessment Online)

(Verification contact name/number if applicable:)

Second Wellness Program

(Example: Good Measures Nutrition program)

(Verification contact name/number if applicable:)

Your Health Plan (please circle one): BCBS Humana NMHC 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, fax it to 505-884-8611 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.

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NMRHCA Verification: _____