



A UnitedHealthcare Company

Clinical Health Risk Assessment Verification Form

St Martin Parish School Board is offering incentive drawings for qualifying members on the group medical plan that complete a UMR online Clinical Health Risk Assessment. This form is to be used for members to attest to completion of the assessment.

Member name (please print): _____ UMR Member ID: _____

Email: _____ Phone Number: _____

Date of birth: ___/___/___ Campus/Location: _____ Date of completion: ___/___/___*

By signing, I certify that all information on this form is correct. I agree that I have completed the online health risk assessment. All winning participants must present proof of completed CHRA, other participant files will be randomly selected for audit by health plan representative. I understand that falsification of information is a violation of company policy, which is subject to disciplinary action.

Member signature: _____ Date: _____

***CHRA must be completed between 7/1/17-6/30/18. If completed during previous plan year, the assessment must be updated. All winners will be required to provide proof of updated assessment to obtain reward card.**

Completed forms must be returned to St Martin Parish School Board office (attention Amanda Boyer, RN) by 6/15/18 to be entered into reward drawings. Any questions about this program can be directed to Amanda Boyer, UMR Nurse Advocate at 225-237-2061. The forms can be returned via interoffice mail or postal mail to:

**St Martin Parish School Board Office
Attention: Amanda Boyer, UMR Nurse Advocate
PO Box 1000
Breaux Bridge, LA 70517**