



Groups with 50 or more covered employees.

Dear Participating Employer Group:

Please complete the following information indicating your interest in offering your employees covered by one of the Egyptian Trust Health Plans participation in an on-site biometrics screening.

- Yes, we are interested in providing an on-site biometric screening through Meritain/Quest during the period of August 1, 2013 – September 30, 2013.
- Yes, we are interested in providing an on-site biometric screening but have a local entity arranged to provide these services. The local entity providing the screening will include height, weight, blood pressure, total cholesterol, LDL, HDL, triglycerides, and glucose. We would like Meritain to contact us to coordinate reimbursement for the on-site screenings not to exceed \$62 per screening.
- No, we are not interested in providing an on-site biometric screening and will expect eligible employees to complete the wellness requirements individually.

Name of Employer: \_\_\_\_\_

5 Digit Group Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_

Best time to reach Contact: \_\_\_\_\_

Email Address of Contact: \_\_\_\_\_

Please complete and return this form to Krista Gotto either by email ([krista.gotto@meritain.com](mailto:krista.gotto@meritain.com)) or by fax (888)525-2799 at your earliest convenience and no later than Monday, April 22<sup>nd</sup>.