



Annual Physical (Health Maintenance Exam) Verification Form

Please have your health care provider complete this form to receive **500 Virgin Pulse points**. Points will be awarded based on when the form is received. If the form is received too close to the end of a quarter, the points may not be awarded until the next quarter. Forms **must be received by June 15th** each year to be counted in the current fiscal year. Points will be awarded one time per fiscal year. *Submit one form per person.*

Form submitted for: CMU Employee (print name) _____

Eligible Spouse/OEI (print name) _____

Provider Name	Health Care Provider Signature	Date

Employee Signature

Campus ID#

Please return completed form to the CHIP Facility, fax to 989-774-2177 or email to chipmail@cmich.edu



Annual Blood Work (Biometrics) Verification Form

Please have your health care provider complete this form to receive **500 Virgin Pulse points**. Your blood work must include total cholesterol, HDL, LDL, triglycerides, and fasting blood sugar measures each year to receive the points. Points will be awarded based on when the form is received. If the form is received too close to the end of a quarter, the points may not be awarded until the next quarter. Forms **must be received by June 15th** each year to be counted in the current fiscal year. Points will be awarded one time per fiscal year. *Submit one form per person.*

Form submitted for: CMU Employee (print name) _____

Eligible Spouse/OEI (print name) _____

Provider Name	Health Care Provider Signature	Date

Employee Signature

Campus ID#

Please return completed form to the CHIP Facility, fax to 989-774-2177 or email to chipmail@cmich.edu