



Healthy Direction Renew As-Is Form

Use this form to renew your company's Healthy Direction program(s). To determine if changes are needed, speak with your broker or CDPHP® representative. If you are making changes, or if you did not complete the Administration Agreement updated in December 2020, you must complete a new agreement.

Company Name: _____ CDPHP Group Number: _____

I am not making any changes to my company's Healthy Direction program(s) administered through Capital District Physicians' Healthcare Network, Inc. (CDPHN). Please renew the Healthy Direction Manager and/or Healthy Direction HSA as is.

Check all that apply below, and complete any required information.

Healthy Direction Program Type	Renew As Is	Medical Plan ID(s)	Additional Details
<input type="radio"/> Manager <input type="radio"/> HSA	<input type="radio"/> <input type="radio"/>	_____ _____ _____ _____ _____ _____	<p>Update healthy steps <i>(select all that apply)</i></p> <ul style="list-style-type: none"> <input type="radio"/> Visit a primary care physician <input type="radio"/> Take the Personal Health Assessment (PHA) <input type="radio"/> Get a biometric screening <input type="radio"/> Go CDPHP Smoke-FreeSM <i>(Complete 3 Coaching Sessions)</i> <input type="radio"/> Take a free CDPHP community wellness class <input type="radio"/> Get a Flu Shot <input type="radio"/> Participate in a CDPHP Workplace Health wellness program <input type="radio"/> Create your own activity (1) <i>(60 character limit)</i> <p><input type="radio"/> Create your own activity (2) <i>(60 character limit)</i></p> <p><i>Reminder: You are responsible for tracking your employee's completion of this step and sending the data to CDPHP in the format outlined in the Report Your Employer-Defined Activity flyer.</i></p> <p><i>Please note: By selecting this option, you are confirming that the employee is able to complete this activity.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Lookback Period If chosen, lookback period noted in the Healthy Direction Step Rules document will apply for select steps. If lookback period is waived, only activity that occurs during the plan year will apply for select steps. <input type="radio"/> Variable Steps—Healthy Direction Manager ONLY Choose the total number of healthy steps employees need to complete in order to complete the program. _____

Name: _____ Title: _____

Signature: _____ Date: _____