



Healthy Direction Renewal Form

Use this form to renew your company's Healthy Direction program. To determine if changes are needed, speak with your broker or CDPHP® representative.

Company Name: _____ CDPHP Group Number: _____

Begin Date: _____

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

Class Plan ID(s) Offered with Healthy Direction	Healthy Direction Plan Details
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Healthy steps <i>(select all that apply)</i></p> <p><input type="radio"/> Visit a primary care physician</p> <p><input type="radio"/> Take the Personal Health Assessment (PHA)</p> <p><input type="radio"/> Get a biometric screening</p> <p><input type="radio"/> Commit to Quit Tobacco</p> <p><input type="radio"/> Take a free CDPHP community wellness class</p> <p><input type="radio"/> Get a Flu Shot</p> <p><input type="radio"/> Participate in a CDPHP Workplace Health wellness program</p> <p><input type="radio"/> Create your own activity (1) <i>(60 character limit)</i></p> <p><i>Select only one.</i></p> <p><input type="radio"/> Employer-reported <input type="radio"/> Employee self-report</p> <p><input type="radio"/> Create your own activity (2) <i>(60 character limit)</i></p> <p><i>Select only one.</i></p> <p><input type="radio"/> Employer-reported <input type="radio"/> Employee self-report</p> <p><i>Reminder: If employer-reported, you tracking employee's completion of this step and send to CDPHP in format noted on Report Your Employer-Defined Activity flyer.</i></p> <p><input type="radio"/> Lookback Period <i>Refer to Healthy Direction Step Rules flyer.</i></p> <p><input type="radio"/> Variable Steps Choose the total number of healthy steps employees need to complete in order to complete the program. Steps Required: _____</p> <p>Participant Eligibility</p> <p><input type="radio"/> Employee only</p> <p><input type="radio"/> Employee and Spouse/domestic partner <i>(not available with HRA incentive)</i></p> <p>Healthy Direction HRA incentive amount(s) <i>(only available for groups with a CDPHP-sponsored HRA through Health Equity)</i></p> <p>Amount: \$ _____ Individual</p> <p> \$ _____ Individual and Children</p> <p> \$ _____ Two Person</p> <p> \$ _____ Family</p>

Name: _____ Title: _____

Signature: _____ Date: _____