



Dear NECA-IBEW Participant & Healthcare Provider:

NECA-IBEW offers its members, member spouses, and dependents biometric screenings as a part of the Wellness Power program powered by Telligen Health & Well-Being to earn incentive dollars. Screenings completed between January 1, 2026-December 31, 2026 will be accepted.

Members earn \$100 for completing a biometric screening **and** health advising call.*

*Total reward amounts available to members and spouses are \$300 per year per person or \$600 per year per family.

Don't Forget!

To earn \$100, you must complete your biometric screening **and** health advising call. Following your screening, a health coach will contact you for your health advising call within 2 weeks of receipt.

If the information is not available and you need to perform any testing to provide the below information, please code the visit as Preventive or Wellness so that patient is not charged a deductible or does not have to pay out of pocket for the visit.

Please submit the Heath Screening Results Form by **December 31, 2026** to: **888-804-4595**

If you have any questions regarding the NECA-IBEW Wellness Power Program, please contact Anna Vander Beek at avanderbeek@telligen.com.

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**WELLNESS
POWER**

NECA -IBEW
WELFARE TRUST FUND
WELLNESS AND DISEASE
MANAGEMENT PROGRAM

Physician's Biometric Screening Results

PLEASE FAX TO: 888-804-4595

PATIENT FULL NAME	MALE or FEMALE (CIRCLE ONE)	TEST DATE
PATIENT EMAIL		LAST FOUR DIGITS OF SSN
EMPLOYER:		DATE OF BIRTH
EMPLOYEE ID NUMBER:		DAY PHONE NUMBER

PLEASE INCLUDE THE FOLLOWING MEASUREMENTS/TESTS:

Full Lipid Panel (Cholesterol)

Diabetes (Glucose)

Blood Pressure

Body Composition

Other _____

Fasting? YES _____ NO _____

Signature (Patient) _____ Date _____

BIOMETRIC SCREENING RESULTS:

TC: _____ HDL: _____ TRG: _____ LDL: _____ TC/HDL Cholesterol Ratio: _____ GLU: _____

Age: _____ Blood Pressure: _____ Weight: _____ Height: _____ BMI: _____ Waist: _____

Signature (Physician) _____ Date _____

Physician's Printed Name: _____