

Premium Reward Review Form

Benefits Administrator: If you have an employee who is not receiving a premium reward (as confirmed using the PSBREW function for employee and/or spouse) and can provide documentation to support a reward effective January 1, July 1, August 1, or September 1, 2014, complete this form in full on behalf of the participant and submit to ohb@dhrm.virginia.gov or fax to 804-371-0231. **You must include documentation* to support the reward along with this request. Do not submit this request until after the effective date of the reward in question.**

BES ID number: _____
Participant's Name: _____
Participating spouse name (if applicable): _____
BES effective date of continuous coverage in COVA Care/COVA HealthAware: _____

Agency Name: _____ Contact's Name: _____
Agency Phone Number: _____ Agency E-mail: _____
Date: _____

Request review for premium reward period beginning:
 January 1, 2014 (required health assessment and biometric screening completed by October 31, 2013)
 July 1, 2014 August 1, 2014 September 1, 2014
(See linked Premium Reward Timeline to determine deadlines.)

Biometric Screening (select one):

- LabCorp Screening, Date and location: _____
- Physician Screening, Date of biometric measurements _____
Date Physician form sent (postmarked or faxed) to Well Advantage: _____
- Onsite Screening (January 1 only) Date and location: _____

Health Assessment

Date completed: _____

****Please attach a copy of the PSBREW screen shot and supporting documentation. (i.e. Confirmation from Well Advantage for physician screening forms, LabCorp report, onsite screening form, and/or a certification of completion of the health assessment from MyActiveHealth.com/COVA portal.)***

Indicate any pertinent information.