

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 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.

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:		
<input type="checkbox"/> July 1, 2014	<input type="checkbox"/> August 1, 2014	<input type="checkbox"/> September 1, 2014
<i>(See linked Premium Reward Timeline to determine deadlines.)</i>		
Biometric Screening (select one):		
<input type="checkbox"/> LabCorp Screening, Date and location: _____		
<input type="checkbox"/> Physician Screening, Date Physician form sent to Well Advantage: _____		
Health Assessment		
Date completed: _____		
<i>*Please attach a copy of the PSBREW screen shot and supporting documentation. (i.e. Confirmation from Well Advantage for physician screening forms, LabCorp report, and/or a certification of completion of the health assessment from MyActiveHealth.com/COVA portal.)</i>		
Indicate any pertinent information.		

