

## 2026

## **WELLNESS REBATE CERTIFICATION FORM** For Employees with

**KAISER PERMANENTE (KP)** 

**Medical Coverage** 

(Payment Authorization and **Wellness Consultation Information)** 

EGUSD USE ONLY				
Verified:				

925-210-8834 www.kp.org/requestrecords

Release of Medical Information

Kaiser Permanente

Form due no later than October 1, 2026 by 5pm. Forms will be accepted starting November 1, 2025.				
1. Employee EIN:	First Name:	Last Name:		
Phone #: Conf	irmation Email:	Work Location:	_	
2. Glucose & Cholesterol Screening	Completed:	Date:ployee's Physician/Representative Signature	_	
KP laboratory for screening. This screening is a ze	er your EGUSD Wellness lab work. No ero co-pay visit. Fasting may be requir ay be required if your PCP decides yo	appointment is required once the lab work has been ordered. You may drop in to any ed – please confirm with your PCP's office at the time labs are ordered. Do not ask u require more comprehensive labs. Completion of this requirement is indicated by		
	taking the Total Health Assessment (	Completion Date (per employee):ny health risks. The District will not have access to your individual answers.  (THA) offered through Kaiser Permanente by visiting <a href="http://blogs.egusd.net/wellness/">http://blogs.egusd.net/wellness/</a> twas completed.		
4. Wellness Consultation	Completed.	Date:		
Including Blood Pressure & Body Mass Index (BMI) A Wellness Consultation is a visit with your PCP the (Glucose & Cholesterol screening), blood pressure measurement, will be completed as part of your W	e screening, BMI, and health risk asse /ellness Consultation. One Wellness C	polyee's Physician/Representative Signature commended age-appropriate screenings and a review of your biometric screens ssment. Blood pressure screening and BMI, which is a height and weight consultation appointment per calendar year is a zero co-pay visit. If your Wellness are of the Wellness Consultation, the visit may be subject to a \$30 co-pay.		
5. Employee Certification				
Before submitting this form, did you:  ☐ Complete shaded items 1, 3, and 5? ☐ Obtain approvals from your Primary Care I	Provider (PCP) for items 2 and 4?			
		Kaiser Permanente to confirm that I have received an annual Wellness Consultation t completed forms are subject to verification. No private health information is to be		
Employee Signature:		Date:	_	
Instructions on Completing Wellness Rebate Cert	rification Form for Kaiser Permanente	(KP) members:	_	
☐ Schedule an appointment with your Primary (				
KP.org on-line member access:  Schedule an appointment for May 31, 2025 of checkup" or "physical" as the appointment chand	or after by choosing "routine	Phone contact: Call your Primary Care Providers (PCP) office to request a routine checkup appointment for May 31, 2025 or after and		
send a message to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation		ask that a message be sent to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation		
NOTE: KP ALLOWS ONE WELLNESS CONSULTATION PER CALENDAR YEAR AT NO CHARGE – APPOINTMENT MUST OCCUR WHEN BENEFIT ELIGIBLE WITH EGUSD				
☐ Complete labs at a Kaiser Permanente labora				
<ul> <li>Complete the online health risk assessment (see Box 3 below for additional information).</li> <li>Complete the appointment with your PCP – bring this form and ask the PCP to approve Boxes 2 and 4 above.</li> </ul>				
	pleted (employees are to complete shace	ded items), retain a copy of form for your records, and complete the online		
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