



2027

WELLNESS REBATE CERTIFICATION FORM

For Employees with
KAISER PERMANENTE (KP)
Medical Coverage
(Payment Authorization and
Wellness Consultation Information)

EGUSD USE ONLY

Verified: _____

Kaiser Permanente
Release of Medical Information (ROMI)

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

Form due no later than October 1, 2027 by 5pm. Forms will be accepted starting November 1, 2026

1. Employee EIN: _____ First Name: _____ Last Name: _____
Phone #: _____ Confirmation Email: _____ Work Location: _____

2. Glucose & Cholesterol Screening

Contact your Primary Care Provider (PCP) to order your EGUSD Wellness lab work. No appointment is required once the lab work has been ordered. You may drop in to any KP laboratory for screening. This screening is a zero co-pay visit. Fasting may be required – please confirm with your PCP's office at the time labs are ordered. Do not ask laboratory personnel to sign this form. A co-pay may be required if your PCP decides you require more comprehensive labs. Completion of this requirement is indicated on your Wellness Certificate.

3. Health Risk Assessment

Completion Date (per employee): _____

A health risk assessment is a series of questions to help employees become aware of any health risks. The District will not have access to your individual answers. Completion of this requirement is accomplished by taking the Total Health Assessment (THA) offered through Kaiser Permanente by visiting <http://blogs.egusd.net/wellness/> and clicking on the health risk assessment logo. After finishing the THA, enter the date it was completed.

4. Wellness Consultation

Including Blood Pressure & Body Mass Index (BMI)

A Wellness Consultation is a visit with your PCP that includes information regarding recommended age-appropriate screenings and a review of your biometric screens (Glucose & Cholesterol screening), blood pressure screening, BMI, and health risk assessment. Blood pressure screening and BMI, which is a height and weight measurement, will be completed as part of your Wellness Consultation. One Wellness Consultation appointment per calendar year is a zero co-pay visit. If your Wellness Consultation becomes a more comprehensive appointment about matters outside the area 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 Provider (PCP) for items 2 and 4?

I certify that I have completed the necessary requirements above and hereby authorize Kaiser Permanente to confirm that I have received an annual Wellness Consultation and have been informed of recommended age-appropriate screenings. I understand that completed forms are subject to verification. *No private health information is to be disclosed as part of the confirmation.*

Employee Signature: _____

Date: _____

Instructions on Completing Wellness Rebate Certification Form for Kaiser Permanente (KP) members:

- ☐ Schedule an appointment with your Primary Care Provider (PCP) and request labs by either:
 KP.org on-line member access: _____ Phone contact: _____
 Schedule an appointment for May 31, 2026 or after by choosing "routine checkup" or "physical" as the appointment choice
 and _____
 send a message to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation
 and _____
 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 laboratory facility at least 2 days prior to appointment.
- ☐ Complete the online health risk assessment (see Box 3 below for additional information).
- ☐ Complete the appointment with your PCP – SUBMIT YOUR REQUEST TO KAISER ROMI (kp.org/requestrecords) NO LATER THAN SEPTEMBER 23RD, 2027
- ☐ Review the form to ensure items 1-5 are completed (employees are to complete shaded items), retain a copy of form for your records, and return the original form to EGUSD Compensation & Benefits office via intradistrict mail, in person or email to benefits@egusd.net

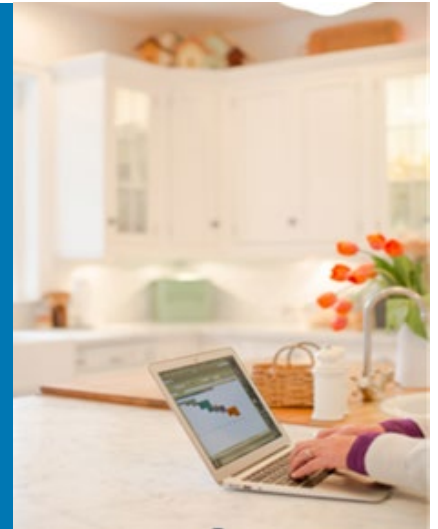
Retain a copy of your Wellness Certificate and completed EGUSD form for your records.

Submit copies in the Employee Records section of the EGUSD portal.

Questions? Email benefits@egusd.net

Request Your Biometric or Wellness Form

Northern California Release of Medical Information (ROMI)



We're here to help you get your Biometric or Wellness Certification Form completed quickly and securely.

Start your request online

- Go to: kp.org/requestrecords
- Select Northern California.
- Under **Disability and other forms**, click **Submit a form or disability request**.
- Select Patient to submit a request and enter the required information.

For Wellness Certification Forms

- Request Type: **Medical Certification Forms**
- Then choose **Other Forms**
- Then choose **Wellness Certification/Biometric**

To Finish

- Review and accept the terms.
- Click Submit. You will receive a Submission ID on screen.
- You will also receive a confirmation email with your Submission ID.

If your employer only needs proof of completion:

- Only submit Page 2 of the Wellness Certification.
- Do not share Page 1 as this contains personal health information.

What to Expect

- Your request will be completed within 3-5 business days
- You will receive your completed form in your kp.org account (letters)
- You will also receive an email with a secure portal link to download the completed form

Important Information about your Form

The completed document will include 2 pages:

- **Page 1:** Includes your test results and dates
- **Page 2:** Confirms the dates your testing was completed

Need Help?

You can contact ROMI:

925-210-8834

Monday - Friday

9:00 AM to 12:30 PM and

1:30 PM to 5:00 PM