Health Assessment Exemption Request
2018 PEBB Health Engagement Model (HEM)

Use this form if you are enrolling for the 2018 HEM program and believe you need an exemption from completing the required health assessment.

Exemption requests must be submitted for each new plan year. A previous year exemption approval IS NOT valid for 2018.

To be a 2018 HEM Participant you must complete the following before October 31, 2017:

1. **Enroll** in the 2018 HEM program during PEBB's Open Enrollment period (October 1 through October 31, 2017)
2. **Complete** an individual health assessment at your 2017 medical plan website between September 1 and October 31, 2017. (Contact PEBB if you do not have a 2017 medical plan)

If you believe you cannot complete #2 because of one of the reasons specified on the following form, complete and submit the form to your current medical plan between September 1 and October 31, 2017. Your plan will make a determination and notify you of your exemption status.

- If approved, you do not need to complete your medical plan's 2018 HEM health assessment.
- If the request is denied, and you enroll for the 2018 HEM you are responsible to complete your health assessment during the required timeframe to be a Participant.

PEBB will not know your HEM status for several weeks after OPEN Enrollment closes October 31, 2017.

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Section 1. Information of individual needing exemption: (please print)

First Name_____ Last Name_____

Date of Birth _____ Phone Number _____

My 2017 PEBB Medical Plan is: _____
My medical plan ID number (found on your plan's ID card) _____

Section 2. Reason for exemption.

I am unable to complete the 2018 HEM requirements and requesting exemption for the following reasons:
(**Check only one. No other reasons are allowed.)**

_____Serving in the military overseas
_____Out of the Country
_____Incarcerated
_____Medical condition or disability (Don't include medical or disability information)
_____ The health assessment does not meet my gender identity needs.

Section 3 Confirmation.

I understand if I enroll in the 2018 PEBB Health Engagement Model (HEM) I must complete the program requirements to be a 2018 HEM Participant. I understand this request, if approved, exempts me from completing the required 2018 HEM program health assessment. My signature below confirms my agreement and that the information provided on this form is true.

Signature _____ Date _____

Are you the subscriber? _____Yes _____No

AllCare PEBB Attn: Debbie Jarrett, 1701 NE 7thSt, Grants Pass, OR 97526 **Fax:** 541-471-3784

Kaiser (HMO & Deductible)	Moda(Synergy & Summit)	Providence (Statewide & Choice)
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