



Dear Healthcare Provider,

Graphic Packaging International, LLC's wellness program, GPI FIT, encourages and rewards employees and their spouses for taking steps to improve their health and well-being. To make positive lifestyle choices, employees need information about their risks and how they can manage those risks.

Our employees (and/or their spouses) need your assistance with the following biometric screening results form. The healthy target values are:

- Non-tobacco user
- Body mass index (BMI) between 18.5 and 30.0 or waist circumference less than 35" (females) or 40" (males)
- Blood pressure less than 140/90
- Total cholesterol less than 200 or ratio of total cholesterol to HDL cholesterol less than 5.0

If participants do not meet at least three of the healthy target values, we allow them to earn Healthy Rewards by engaging with you to achieve better health.

Please complete and return to the patient, who will return their completed form to Welltok, our third-party health management partner.

If you have questions, please talk with your patient or contact Welltok at (833) 862-9191.

## HEALTHCARE PROVIDER BIOMETRIC SCREENING FORM

**Instructions:** (1) Participant complete Section 1; (2) Healthcare provider complete Sections 2 and 3; (3) Participant submit the completed form to Welltok and keep a copy for your records.

### SECTION 1: PARTICIPANT INFORMATION

In order to receive your Healthy Rewards for the current year, your screening must be completed and this completed form must be received by Welltok *before July 31, 2022*.

By signing and returning this form, you agree that the information provided by you and your healthcare provider is true and complete to the best of your knowledge.

**PLEASE PRINT CLEARLY. UNREADABLE OR INCOMPLETE FORMS CANNOT BE PROCESSED.**

\_\_\_\_\_  Employee  Spouse Graphic Packaging International  
 Participant Full Name (Last, First, Middle Initial) Relationship to Employee Employer  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Participant Date of Birth (MM/DD/YYYY) GPI ID or Clock Number Participant Daytime Phone Number  
 X \_\_\_\_\_  
 Participant Signature Date Signed

### SECTION 2: HEALTHCARE PROVIDER INFORMATION

The wellness program offered through Graphic Packaging International, LLC is not intended to treat, diagnose, or replace patient's healthcare provider, but rather to encourage employees and their spouses to take an active role in learning about and managing their healthcare risks.

\_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Healthcare Provider Name Office Phone Number  
 \_\_\_\_\_  
 Address (Street or P.O. Box, City, State, ZIP Code) License Number and State  
 X \_\_\_\_\_  
 Healthcare Provider Signature Date Signed

### SECTION 3: BIOMETRIC SCREENING RESULTS (to be completed by healthcare provider)

Test date: (MM/DD/YYYY) ____/____/____					
Fasting: <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Metric	Value/Status	Units	Metric	Value/Status	Units
Height		in	Total Cholesterol		mg/dL
Weight		lbs	Total Cholesterol / HDL Ratio		mg/dL
Body Mass Index (BMI)		--	Systolic Blood Pressure (resting)		mmHg
Waist circumference		in	Diastolic Blood Pressure (resting)		mmHg
			Tobacco user	<input type="checkbox"/> Yes or <input type="checkbox"/> No	--

**Participant:** Submit your completed form via email to [gpi-fitpcpform@cafewell.com](mailto:gpi-fitpcpform@cafewell.com). You will receive a response email confirming your successful submission. Allow 7 to 10 business days for your completed form to be processed and your results to be posted on [www.GPIFIT.com](http://www.GPIFIT.com). NOTE: Security measures available through email services can vary. You are encouraged to check with your email provider about security protections available before sending your form.

**Questions?** Contact Welltok at (833) 862-9191.

**For Welltok Use Only:** Enter metric values, provider name, source=PCP FORM and award "Meet Healthy Metrics" AC.