

BIOMETRIC SCREENING FORM - 2025 Benefits

Submission Deadline: 60 days after enrollment

Section I: Patient Information (please print clearly) - ALL INFO REQUIRED

Full Name: _____

Gender: _____ Date of Birth: _____

Last 4 of SSN: _____ Phone: _____

E-mail: _____

Employer: _____

Spouse's Information (if applicable):

Full Name: _____

Last 4 of SSN: _____

Is Spouse also a Participant? (Y/N): _____

Form completed for:

Participant ☐

Spouse ☐

NOTE: Biometric screening data and lab work must have been collected within 60 days of enrollment and returned to the Fund Office immediately thereafter.

**Biometric Screening Forms are only required if you wish to enroll in the best medical plan available to you. If you have a spouse who is covered under your benefit plan, he/she must also complete a Form.*

Section II: Biometric Screening Data and Lab Work completed within 60 days of enrollment - ALL INFO REQUIRED

Biometric Screening Data:

Date of Collection

Height (inches)

Weight (pounds)

Blood Pressure (Systolic)

Blood Pressure (Diastolic)

Lab Work:

Date of Collection

Total Cholesterol

HDL Cholesterol

LDL Cholesterol

Triglycerides

Glucose

A1C (if indicated)

Is the patient currently fasting? ____ Yes ____ No

Physician's Name _____ Physician's Phone _____

Physician's Signature _____ Date _____

Section III: Preventive Screenings Completed? - CHECK ONE OPTION BELOW (SCREENINGS NOT REQUIRED):

	YES	NO	N/A
Pap Smear (within last 3 years; for women age 21 or older)	_____	_____	_____
Mammogram (within last 1-2 years; for women age 40 or older)	_____	_____	_____
Prostate Cancer Screening (for men age 45 or older with family history)	_____	_____	_____
Colorectal Screening, (men and women over 50), Fecal Occult Blood Test, or Colonoscopy	_____	_____	_____
Does the patient smoke/chew/use tobacco products?	_____	_____	_____

Please return completed form, signed by the physician, to the Fund Office by the deadline: (Keep a copy for your records)

Mail: 3031 B Walton Road Plymouth Meeting PA, 19462

Fax: (610) 941-9602

Email: fund@1776funds.org

This form was downloaded from the www.ufcw1776benefitfunds.org website.

Questions? Call the Fund Office at 610-941-9400