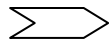


## HEALTHY CHOICE RIDER-TESTING/COMPLIANCE INSTRUCTIONS



### IMPORTANT

**YOUR TEST RESULTS WILL DETERMINE YOUR DEDUCTIBLE FOR THE PLAN YEAR. IF YOU DO NOT PARTICIPATE, YOUR DEDUCTIBLE WILL BE \$5,000**

#### **STEP 1: Member & Spouse (if applicable)**

#### **Set Doctors Appointment**

SCHEDULE A DOCTORS OFFICE VISIT TO HAVE THE HEALTHY CHOICE TESTS PERFORMED.

**IMPORTANT:** TESTS MUST BE COMPLETED WITHIN THE FIRST **60 DAYS** FROM THE GROUP EFFECTIVE DATE (OR YOUR INDIVIDUAL EFFECTIVE DATE, IF LATER).

#### **STEP 2: Member & Spouse (if applicable)**

#### **At Doctors Appointment (Form 1)**

#### **FORM 1: "HEALTHY CHOICE PATIENT TESTING REQUIREMENTS"**

PROVIDE YOUR DOCTOR WITH FORM 1. **NICOTINE LAB RESULTS** MUST BE SUBMITTED FOR ALL NON-SMOKING MEMBERS. IF WE DO NOT RECEIVE THE LAB RESULTS OF THE NICOTINE TEST, YOU WILL BE CONSIDERED A SMOKER WHEN YOUR DEDUCTIBLE IS CALCULATED.

IT IS YOUR RESPONSIBILITY TO VERIFY YOUR DOCTOR SUBMITS TEST RESULTS TO LIBERTY UNION LIFE AT THE ADDRESS ON THE TESTING FORM. **TESTS MUST BE COMPLETED WITHIN THE FIRST 60 DAYS FROM THE GROUP EFFECTIVE DATE** (OR INDIVIDUAL EFFECTIVE DATE, IF LATER).

#### **STEP 3: Member & Spouse (if applicable)**

#### **Submit Contact Form (Form 2)**

#### **FORM 2: "EMPLOYEE/SPOUSE CONTACT FORM"**

FORM 2: LIBERTY UNION MUST RECEIVE COMPLETED FORM WITHIN 60 DAYS OF THE GROUP EFFECTIVE DATE (OR INDIVIDUAL EFFECTIVE DATE, IF LATER). FORM IS REQUIRED IF YOU WISH TO PARTICIPATE IN MONTHLY ONLINE WELLNESS SURVEYS WHERE YOU EARN CASH REWARDS AFTER YOUR GROUP RENEWAL. PARTICIPATION IS COMPLETELY VOLUNTARY.

#### **STEP 4: Member & Spouse (if applicable)**

#### **Register and Take Initial Survey**

BOTH YOU AND YOUR SPOUSE (if applicable) NEED TO GO TO: [www.libertyunionlife.com](http://www.libertyunionlife.com) AND CREATE AN ACCOUNT. FROM THE HOMEPAGE CLICK ON "VISIT THE HEALTHY CHOICE WELLNESS CENTER BY CLICKING HERE". "LOGIN" AND CLICK ON "CREATE AN ACCOUNT". ONCE REGISTERED, BOTH YOU AND YOUR SPOUSE WILL BE PROMPTED TO TAKE THE INITIAL WEB BASED SURVEY. FROM THAT POINT FORWARD, YOU WILL BE NOTIFIED BY EMAIL EACH MONTH OF AN OPTIONAL WELLNESS ARTICLE AND QUIZ TO EARN CASH REWARDS. **IMPORTANT:** THE INITIAL SURVEY MUST BE **COMPLETED WITHIN THE FIRST 60 DAYS FROM THE GROUP EFFECTIVE DATE** (OR INDIVIDUAL EFFECTIVE DATE, IF LATER) IN ORDER TO QUALIFY FOR YOUR DEDUCTIBLE ADJUSTMENT.

---

YOUR DEDUCTIBLE WILL BE DETERMINED ON THE INFORMATION RECEIVED AND CALCULATED NO LATER THAN THE 90TH DATE FROM THE EFFECTIVE DATE. YOU WILL RECEIVE WRITTEN NOTICE OF YOUR DEDUCTIBLE STATUS.

Liberty Union Life Assurance Company.  
P. O. Box 5047  
Troy, Mi 48007  
Fax: 248-583-4647