

BIOMETRIC SCREENING EVENT: EXCEPTION REQUEST FORM

Larimer County 2019 Plan Year

DEADLINES TO SUBMIT FORM:

- For anticipated reasons: 10th of the Month in which Biometric Screening Events are held.
- For unanticipated reasons: Wednesday following the Biometric Screening Events.

SUBMIT FORM TO:

Human Resources Benefits Staff, Attention: Sarah Morales

In the event that an employee on the County's Medical Insurance Plan absolutely cannot attend one of the scheduled mass screening events and wants to receive a Biometric Screening from The Wellness Clinic, the employee may complete the Exception Request Form. Upon review, it will be determined if the request is approved or declined and the employee will be notified of the decision. If a request is approved, The Wellness Clinic will contact the employee to schedule a Biometric Screening appointment. Alternatively, employees may complete the Physician Form and get the biometric screening completed through a private Medical Provider.

Employees will be unable to schedule a Biometric Screening appointment at The Wellness Clinic during the month of the Biometric Screening Events without submitting this form and receiving approval. If applicable, Benefits staff may contact an employee's supervisor to verify information.

Employee's Name: _____

Email: _____ Phone Number: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for exception request:

- I will be on documented leave status during the mass screening event time frame (February 13-23, 2018).
- Extenuating circumstances prevent me from attending scheduled mass screening events. Examples include: away at a conference; emergency situation; week-long court case (which includes Saturday).

Provide brief explanation about your request. Use back if necessary.

REASONS IT WILL NOT BE APPROVED...	INSTEAD...
<ul style="list-style-type: none">• I forgot to fast for 8 hours.• I missed my appointment because I went to a wrong location, forgot about it, etc.• Something else came up.• I was too busy.	<i>If you would like to be eligible for the Wellness Rate, you are responsible for making arrangements for yourself to attend a Biometric Screening Event, or get screened by your own Medical Provider. In the event that something comes up to prevent your participation in your scheduled biometric screening, you may attend another biometric screening event at a different time or location. Alternative option is to get your fasting blood work done elsewhere and submit the Physician Form.</i>

HR USE ONLY

Date Received: _____ Decision: _____ Notification to Employee Date: _____

Signature of Benefits Staff Member: _____ If approved, notification to Wellness Clinic: _____