



Clinical Health Risk Assessment Verification Form

The Archdiocese of New Orleans is offering MasterCard gift cards for employees on the group medical plan that complete an online Clinical Health Risk Assessment survey on UMR.com. This form is to be signed by the member to attest to completion of the online assessment.

Personal information

Employee/spouse name _____

UMR member ID _____ Email _____ Phone _____ - _____

Date of birth / / Office location _____ Date of completion* / /
MM DD YY MM DD YY

Address _____

City _____ State _____ ZIP _____

By signing below, I certify that all information on this form is correct. I agree that I have completed the online health risk assessment on UMR.com. Once this form is received, the wellness resource consultant will verify completion of the survey on UMR.com. I understand that falsification of information is a violation of company policy, which is subject to disciplinary action.

Member signature _____ Date / /
MM DD YY

The *CHRA survey must be completed by **12/01/23**. If completed during the previous plan year, the assessment must be updated on UMR.com. All reward cards will be mailed by December 20, 2023.

Completed forms must be scanned and emailed to **UMR Wellness Resource Consultant Tawnya Ridi by 12/01/23 to be eligible for a MasterCard gift card**. Any questions about this program can be directed to **Tawnya Ridi, UMR Wellness Resource Consultant** at **(612) 383-3827**. You must be 18 and over to be eligible for the reward. The forms must be scanned and emailed to **Tawnya at tawnya.ridi@umr.com**.



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