WebMD HealthServices

well ALL ways

2026 MPC PREVENTIVE PHYSICAL FORM

Step 1: Complete all participant information below. Print your name and sign the form to confirm you have read and agree to the Disclosure of Information at the bottom of this form.
Step 2: Take form to your annual preventive physical and have the health care provider complete and sign.
Step 3: Submit form one time, on or before 12/31/2026, using one of the methods at the bottom of the form.

STEP 1: Complete all participant information, including email

First Name: Last Name:

Date of Birth: (mm/dd/yyyy) / /

Employee ID (Spouses/domestic partners enter the Employee ID+S)

Email: (Required. If no email address is provided no confirmation of form receipt can be sent to you.)

Printed Name: _____ Date: _____

Signature (required): _____

STEP 2: Have health care provider sign, date and complete relevant sections below

Provider Name: _____ Provider Phone Number: _____

Provider Signature (required): _____ Date of Physical: _____

Allowable dates: 1/1/2026-12/31/2026

BIOMETRICS (optional): Any biometric data provided will be uploaded to your online portal account if included below.

Blood Pressure: / (Systolic / Diastolic)

Height: Ft. Inches

Weight: Lbs.

Glucose: **Total Cholesterol:** **HDL:** **LDL:** **Triglycerides:**

Have you fasted for at least 9 hours? (*No food. Only water permitted.*) O Yes O No

STEP 3: Submit your form

- Submit form once, using one of the methods listed below. Forms must be RECEIVED by **12/31/2026** and will not be accepted after deadline.
  - Securely upload online at www.mympcwellallways.com (preferred method).
  - Fax securely to 402-939-0858
- You should receive a confirmation within 48 business hours (up to 2 business days) at the email listed above. If you do not receive the confirmation, please resubmit your form.
- Please allow 10 business days for the information to be available on the portal.

Employees must also complete the 2026 online Well-being Assessment to earn the payroll stipend.
Visit www.mympcwellallways.com to complete the assessment by 12/31/26.
Spouses/domestic partners must have an account on the wellness portal to receive credit.

CONSENT

Disclosure of Information. I understand that the information submitted on this form (my "Personal Information") will be transferred to WebMD by TotalWellness. My Personal Information is used by WebMD to provide wellness program services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by WebMD or by another service contractor. In the event that WebMD's services are transitioned to another service provider, WebMD may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, WebMD may provide my name/unique ID to my employer or its designated representative to notify them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to my employer for program administration purposes. WebMD may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I also understand that my Personal Information may be incorporated into my Health Assessment results by WebMD. Except for these types of usage and the uses specified in my WebMD Online terms of use and Privacy Policy, available under the "Policies" link at the bottom of the page at the following www.webmdhealth.com/wellallways my Personal Information will not be disclosed by WebMD. WebMD understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). WebMD will comply with the HIPAA to the extent applicable.

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this screening may be considered information protected under GINA ("GINA Protected Information"). GINA requires that you receive this GINA Notice and Authorization prior to undergoing the screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. Your GINA Protected Information will be disclosed to you and to vendors of the Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged, or transferred, except to the extent permitted by law to carry out activities related to the Employer Program. You will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity.

Certification: By signing this form, I certify that the information supplied on this form is accurate and has been provided to me by my physician.

© TotalWellness 2026