

Hospira Wellness Rewards Incentive Form

This form is used for employees who have Employee + Child(ren) coverage that wish to earn Wellness Rewards on behalf of their children.

Complete the requested information and return using one of the methods below.

Name: _____

Address: _____

Aetna

Member ID#: _____

Program Completed: _____

Date Completed: _____

Incentive Amount: _____

Signature: _____

Please return this form to the attention of Patti Bibe at:

Mail:
Aetna
3500 East Coliseum Boulevard
Fort Wayne, IN 46805

Fax:
860-975-1356

Email:
bibep@aetna.com

Please allow up to 21 business days to see the credit within Navigator. The credit will be reflected in your Health Fund balance on the Navigator Home Page but will not appear on the incentive detail screen within Navigator.

Space to be completed by Aetna

Date Funds Updated _____

Incentive Amount Added to Fund _____