



Edward Jones Wellness Program Medical Exception Form

Part 1 (to be completed by participant)

Participant Legal Name (please print): _____

Last Four Digits of SSN: _____

Date of Birth (MM/DD/YYYY): _____

Email address associated with Virgin Pulse Account: _____

Please provide this form to your physician to complete. If you return the completed form before Friday, December 3, 2021, you will qualify for the biometric medical plan premium discounts for the 2022 plan year.

By signing this form, you authorize the physician to release this information to Virgin Pulse, Edward Jones' wellness program administrator.

Participant Signature: _____ Date: _____

Qualifying Biometric Measures for Wellness Discounts:

Biometric	Desired Measure
Blood Pressure	At or below 129/80
Total Cholesterol	At or below 199.9 OR Ratio (TC/HDL) at or below 4.0
Glucose (non-fasting)	At or below 139
Body Mass Index	At or below 29.9

Part 2 (to be completed by the physician)

The person listed above has enrolled in a voluntary wellness program offered by Edward Jones. The program is intended to encourage optimal health and provide opportunities to improve or maintain healthy lifestyle behaviors.

I hereby certify that the patient named above is under my medical care and it is unreasonably difficult or medical inadvisable due to a medical condition for him/her to meet or attempt to satisfy one or more of the biometric measures listed above.

Health Provider Name: (Please Print) _____

Health Provider Signature: _____

Date: _____ License # _____ Phone # _____

Return completed via fax: (888) 501-6442

DEADLINE to submit completed form to earn a discount on your 2022 medical premiums: Friday, Dec. 3, 2021.

Questions? Call Virgin Pulse support at 833-880-4209