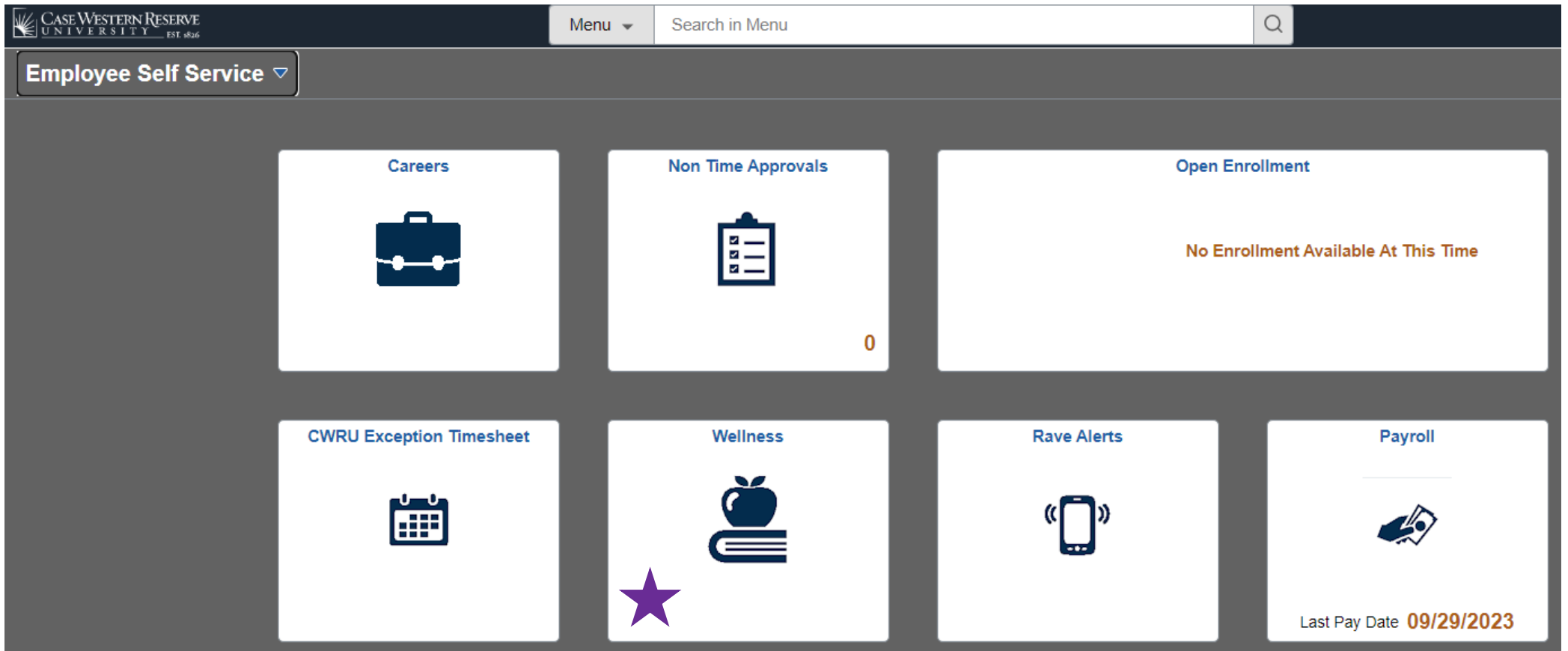


HCM Wellness Guide

How to complete your Fall Wellness Activity Attestations









**CASE
WESTERN
RESERVE
UNIVERSITY**

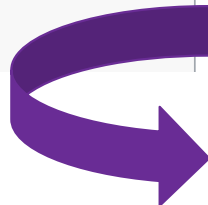


Log into HCM (hcm.case.edu) and select the “Wellness” tile

Then select the attestation form you wish to complete:







- Tobacco Attestation
- Primary Care Provider (PCP) Attestation
- Biometric Screening Attestation
- Dental Check-up and/or Cancer Screening Attestation

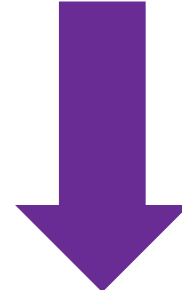
 Tobacco Attestation Form	<ul style="list-style-type: none">○ Primary Care Provider Attestation Form○ Biometric Screening Attestation Form○ Dental Check-Up and/or Cancer Screening Attestation Form○ Tobacco Attestation Form
 PCP Attestation Form	<p>Numerous benefits are associated with having a primary care provider (PCP). Not only do regular visits with a PCP encourage preventive exam compliance (e.g., colonoscopy, mammograms, etc.), but they also lead to increased rates of necessary immunizations.</p> <p>By completing this form, you are confirming that you have a Primary Care Provider (PCP)* and have met with that professional at least once in the past year for a health care appointment or have an upcoming appointment with your PCP in 2025. Please click on the box below for confirmation.</p> <p>A Primary Care Provider (PCP) is defined as a physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) or nurse practitioner (N.P.) , or physician assistant (P.A.) takes care of the health care needs of patients and/or helps coordinate care and provides access to specialist services for patients. PCPs are seen for undiagnosed conditions as well as chronic and major health conditions.</p> <p>Benefit Year 2026 FORM COMPLETE</p> <p>Please indicate your answer</p> <p><input checked="" type="checkbox"/> I attest that I have met with my Primary Care Provider (PCP) at least once in the past year for a health care appointment and/or have an upcoming appointment with my PCP in 2025.</p> <p>This choice was recorded on 09/02/2025</p> <p>Save</p>
 Biometric Attestation Form	
 Dental/Cancer Attestation Form	
 Wellness Summary	
 Wellness Program Participation	



Scroll to the bottom of the page.
Certify honestly.
Click Save!

Verify that
your
attestations
are complete
on the
“Wellness
Summary”
page

 Tobacco Attestation Form
 PCP Attestation Form
 Biometric Attestation Form
 Dental/Cancer Attestation Form
 Wellness Summary
 Wellness Program Participation



Make sure you are looking at the
benefit year toward which you are
completing the activities

Current Benefit Year	Prior Benefit Year	Future Benefit Year
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Wellness Information Summary

Benefit Year **2025**

Wellness Premium Incentive Information

Completed Health Risk Assessment: <input checked="" type="checkbox"/>	received on 10/08/2024
Completed Biometric Screening Attestation: <input checked="" type="checkbox"/>	created on 10/24/2024
Completed PCP Attestation: <input checked="" type="checkbox"/>	created on 09/04/2024
Completed Dental CheckUp and/or Cancer Screening Attestation: <input type="checkbox"/>	created on
Completed Tobacco Attestation: <input checked="" type="checkbox"/>	

NON-TOBACCO USER, choice made on 09/04/2024

★ Remember: You complete wellness activities in the fall to earn the \$25 Monthly Wellness Incentive during the following calendar year