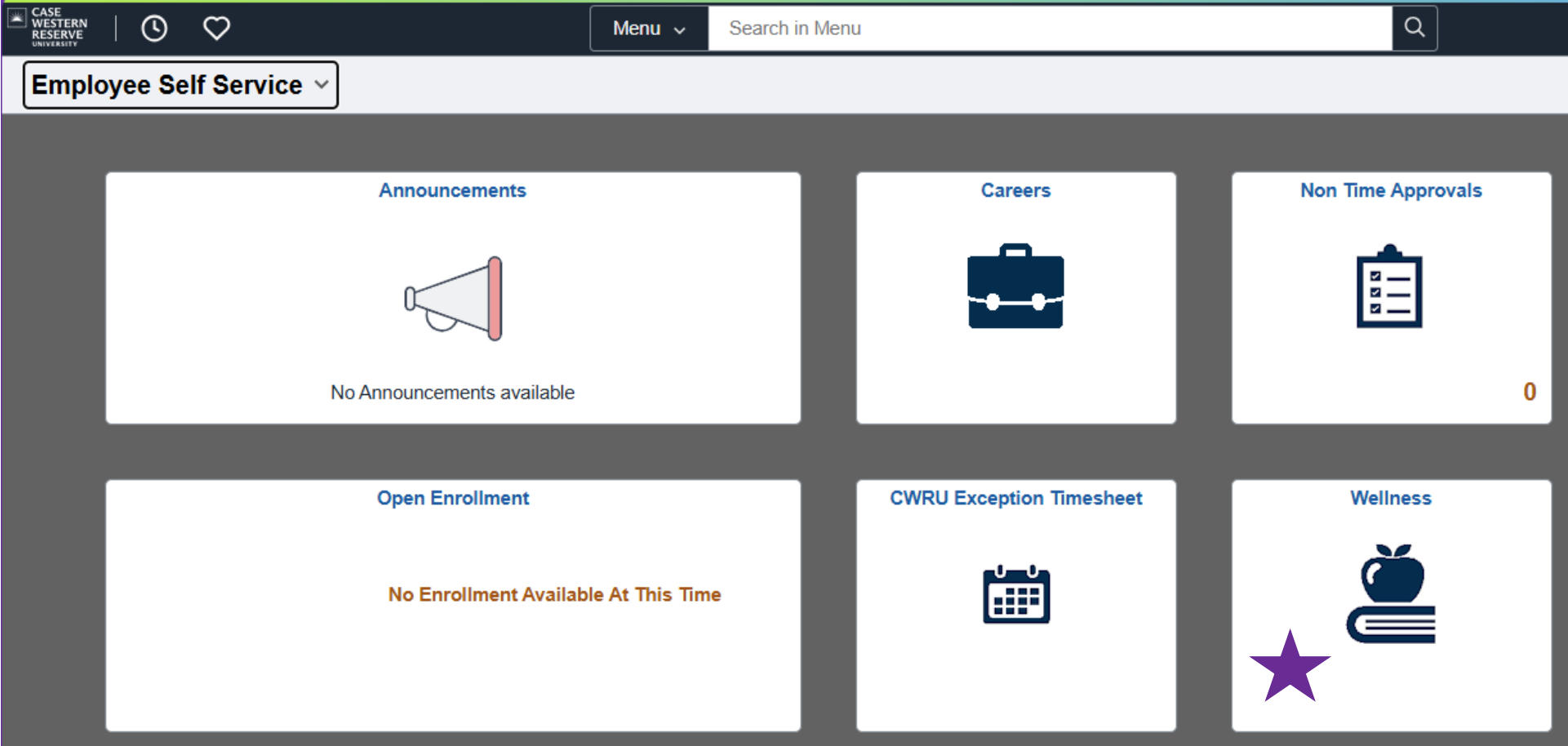


HCM Wellness Guide

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	<input type="radio"/> Primary Care Provider Attestation Form
PCP Attestation Form	<input type="radio"/> Biometric Screening Attestation Form
Biometric Attestation Form	<input type="radio"/> Dental Check-Up and/or Cancer Screening Attestation Form
Dental/Cancer Attestation Form	<input type="radio"/> Tobacco Attestation Form
Wellness Summary	
Wellness Program Participation	

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.

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.

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.

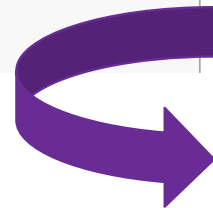
Benefit Year 2026 **FORM COMPLETE**

Please indicate your answer

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.

This choice was recorded on 09/02/2025

Save



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

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

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



Tobacco Attestation Form

PCP Attestation Form

Biometric Attestation Form

Dental/Cancer Attestation Form

Wellness Summary

Wellness Program Participation

Current Benefit Year | Prior Benefit Year

Wellness Information Summary

Benefit Year **2026**

Wellness Premium Incentive Information

Completed Health Risk Assessment: <input checked="" type="checkbox"/>	received on 09/28/2025
Completed Biometric Screening Attestation: <input type="checkbox"/>	created on
Completed PCP Attestation: <input checked="" type="checkbox"/>	created on 09/02/2025
Completed Dental CheckUp and/or Cancer Screening Attestation: <input checked="" type="checkbox"/>	created on 09/02/2025
Completed Tobacco Attestation: <input checked="" type="checkbox"/>	

NON-TOBACCO USER, choice made on 09/02/2025

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