

## Non-Baird Dental or Vision Preventive Exam Form

- 1. Complete **Section 1** and sign the form.
- 2. Bring this form when you visit your provider for a preventive **Dental or Vision Exam.**
- 3. Ask your provider to complete **Section 2** and sign the form.

Annual Physical (if not enrolled in Baird's medical):

- 4. Submit form online at <a href="https://www.totalwellnesshealth.com/gravity-landing/baird-preventive-exam-form/">https://www.totalwellnesshealth.com/gravity-landing/baird-preventive-exam-form/</a> or fax to 402-939-0604.
- 5. You will receive a confirmation email within 48 hours of submission to indicate your form status. If you do not receive a confirmation email within 48 hours, please resubmit your form.
- 6. Please allow at least 10 business days from submission for your credit to appear in your B\Well account.

Forms must be RECEIVED by 5 p.m. CT on September 30, 2026.

Forms received after the deadline will not be accepted.
Section 1: PARTICIPANT INFORMATION
Participant First Name: Participant Last Name:
Participant Date of Birth: MM/DD/YYYY  Participant Unique ID: Last 4 digits of your Social Security Number
Email: Required to provide confirmation of form receipt
Gender: ☐ Male ☐ Female ☐ Prefer not to answer
Required: Participant Signature
Required. Faiticipant Signature
Section 2: Preventive Exam Information
Required: Exam Type: Required: Date of Screening Between (9/21/2025-9/30/2026)
□ Dental Exam
□ Vision Exam
☐ Annual Physical (if not enrolled in Baird's medical)
Provider Name: Required: Provider Signature
Dental Exam:
Vision Exam:

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 URL, www.webmdhealth.com/baird 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 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