



TURNPIKE AND PUBLIC EMPLOYEES

# Teamsters Local Union No. 77

affiliated with the International Brotherhood of Teamsters

JOCK P. ROWE, *Secretary-Treasurer and Business Manager*

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**TO: ALL LOCAL UNION NO. 77 STEWARDS**

**FROM: JOCK P. ROWE, SECRETARY-TREASURER**

Enclosed is a copy of the 2019 PTC Wellness Certification Form that has been sent out by the PTC to all employees regarding the Highmark Wellness program.

Please post a copy of this form on the Bulletin Board at your location and keep a copy for your use as needed and advise all members to sign up for the Wellness program as soon as possible so that they will continue to receive their medical benefits at no cost. Please note that the deadline for enrollment is August 31, 2019.

If you have any questions or need any additional information, please contact this office.

Thank you for attention and cooperation regarding this matter.

Fraternally,

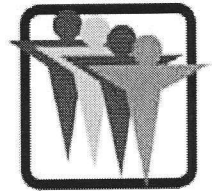
Jock P. Rowe  
Secretary-Treasurer

Enclosure



# 2019 Wellness Certification Form

PA Turnpike Commission  
Human Resources  
P.O. Box 67676  
Harrisburg, PA 17106-7676



Fax: 717-986-8760 or Email: hrwellnessprogram@paturndpike.com

The entire form must be completed and received in Human Resources by August 31, 2019

| To be Completed by Employee/Retiree  |       |                             |
|--------------------------------------|-------|-----------------------------|
| Employee/Retiree Name (please print) |       | Personnel Number (if known) |
| Date of Birth                        |       | Phone Number<br>(    )      |
| Street Address                       |       | Apt #                       |
| City                                 | State | Zip code                    |
| Employee Signature                   |       | Date                        |

Online Wellness Profile/Health Assessment are NOT required for 2019

| To be Completed by a Certified Physician   |                        |
|--|------------------------|
| (Please check off and certify this employee/retiree has completed the following screening requirements)<br>Do not provide any health/diagnostic information on the employee/retiree.   |                        |
| <b>Physical and Screenings</b>   |                        |
| <input type="checkbox"/> Physical - One per calendar Year (January through December)<br><input type="checkbox"/> Lab test - Cholesterol screening (Fasting - Lipid Panel)<br><input type="checkbox"/> Lab test - Glucose (Finger stick or BMP or CMP)<br><input type="checkbox"/> Blood pressure reading (systolic/diastolic)<br><input type="checkbox"/> Height/weight measurements<br><input type="checkbox"/> The above physical and screenings were all completed between September 1, 2018 and August 31, 2019. If no, list dates of physical and screenings beside each. |                        |
| <b>IMPORTANT NOTE TO PHYSICIAN:</b> Additional tests/screenings other than above may not be covered as a preventive service. If medically necessary, please bill insurance company accordingly.  |                        |
| Physician Name (please print)  |                        |
| UPIN/NPI   | Phone Number<br>(    ) |
| Street Address   | City                   |
| State  | Zip Code               |
| Physician Signature  | Date                   |
| Please contact Tammy Rinehart at 717-831-7198 or Michelle Hoffman at 717-831-7243 with any questions.  |                        |