

KONECRANES®

2024 WELLNESS FORM

The Konecranes Wellness Program is designed to increase your awareness of your health status by encouraging annual exams and evaluations. Preventive screenings with your medical, dental, and vision providers are required to receive full program credit. Schedule an appointment with your personal doctor or local provider/clinic and take this form with you. Appointments must be completed between January 1, 2024 and November 1, 2024. After your provider has verified your visit by completing their portion of the form, you must submit this form via email: wellness@konecranes.com. The form must be received no later than **November 1, 2024** to be eligible for the wellness incentive credit(s). By signing below, you acknowledge that you have read and accept the ADA and GINA notice provided in its entirety.

FORMS TO BE SUBMITTED TO WELLNESS@KONECRANES.COM

To be completed by the Employee:

Employee Last Name, First Name	/ /	M	F
	Date of Birth	Gender (circle one)	
Address	City	State	Zip Code
Patient Signature			

To be completed by the Medical Provider for verification of Annual Physical & Biometric Testing:

Medical Provider's Office Stamp: _____ Screening Date: ____/____/____
MM DD YY

Medical Provider's Name: _____

SCREENING INFORMATION:

Remember: You must fast (no food) for 9 hours before your appt. Please drink plenty of water. Black coffee is permitted. Continue to take any prescription medications. If you are diabetic, please consult your physician before fasting.

TEST	RESULTS	TEST	RESULTS
Height/Weight	_____ ft. _____ in./_____ lbs.	Blood Glucose (<= 100 mg/dl)	_____ mg/dL
Waist Circumference (Male <37", Female <31.5")	_____ in.	HDL Cholesterol (>60 mg/dL)	_____ mg/dL
Blood Pressure (<120/80 mm/Hg)	Systolic _____ mm/Hg Diastolic _____ mm/Hg	Cotinine Test Tobacco Usage	Positive _____ Negative _____

To be completed by the Dental Provider verifying above employee completed a Preventative Care Visit:

Dental Provider's Office Stamp: _____ Screening Date: ____/____/____
MM DD YY

Dental Provider's Name: _____

To be completed by the Vision Provider verifying above employee completed a Preventative Care Visit:

Vision Provider's Office Stamp: _____ Screening Date: ____/____/____
MM DD YY

Vision Provider's Name: _____

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Dear Employee:

KCI Holding USA, Inc. requires employees to provide proof they have received annual Wellness/Preventative exams with their **Medical, Dental, and Vision Providers** to be eligible for the premium incentive on their biweekly medical premium.

Preventative medical exams are paid 100% once **per calendar year**, which means you are **not** required to wait 12 months from the date of your last exam.

When making an appointment with your medical provider, make sure your provider understands the appointment is for an annual wellness exam and screening only. If you discuss any illness or symptoms with the physician at the time of your wellness exam, the visit will change from a preventive exam to a regular office visit. Please make sure you use an in-network lab for any lab work ordered by your physician and confirm with the lab this is for a wellness exam. You may receive a bill for any lab work ordered which is not considered preventive and is coded diagnostic.

The Patient Protection and Affordable Care Act (PPACA) has determined that there be no cost share for employees and the Plan pay 100% for a defined set of Preventive Services and identifies the specific Preventive Services which must be covered without cost sharing. This list is updated on an ongoing basis, and the complete and current list can be found at: <http://www.HealthCare.gov/center/regulations/prevention.html>

After your providers have completed their respective section on the Wellness Form, please scan (or take a photo) and submit to wellness@konecranes.com starting March 1, 2024. The appointments must be completed between January 1, 2024 and November 1, 2024. The form must be received **no later than November 1, 2024** to be eligible for the wellness incentive credit(s).

Things to remember for 2024:

- ***To earn the premium incentive, ALL 4 sections of the Wellness Form must be completed (Physical, Biometrics, Dental, Vision).***
- ***Nicotine Usage is determined by a Cotinine Test. This can be blood, urine, or saliva.***
- ***Employees are responsible for submitting their form to HR. You can submit all on one form or you can submit Medical, Dental, and Vision results on separate forms, if needed***
- ***Biometric testing guidelines have been updated to be more in line with AMA guidelines***
- ***To receive the wellness incentive credit(s), you must also complete 3 coaching sessions if any of the biometric markers are out of the ideal range. If you use nicotine, the cotinine rest will be positive, and the ACA requires 5 coaching sessions. ALL coaching sessions must also be completed by November 1, 2024 to receive the wellness incentive credit(s).***

Authorization

We are required by law to obtain your prior, knowing, voluntary, and written authorization prior to obtaining your health information. Your signature on this form authorizes collection of your health information to be used for purposes of the wellness program. By signing this form, I acknowledge that I have read the above sections regarding the wellness program and understand the rights and protections available to me through the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.