Telligen®
Health & Well-Being

Dear Participant & Healthcare Provider:

NECA Local No. 145 IBEW Welfare Plan offers its eligible members & spouses a wellness incentive, and the requirement is to complete a biometric screening for the 2026 wellness program year for your 2027 incentive. Screenings completed between **January 1, 2026 - October 31, 2026** will be accepted.

Please note: **Both** the *physician* and the *eligible member or spouse* must sign the completed form to be accepted.

If you have any questions regarding NECA Local No. 145 IBEW Health Screening requirements, please contact Anna Vander Beek at avanderbeek@telligen.com.

Providers Please Note:

If the information is not available and you need to perform any testing to provide the below information, please code the visit as Preventive or Wellness so that patient is not charged a deductible or does not have to pay out of pocket for the visit.

Please submit the Heath Screening Results Form with lab results to Telligen **by November 1, 2026** via fax: **888-804-4595**

Telligen® Health & Well-Being

NECA

Physician's Biometric Screening Results

PLEASE FAX TO TELLIGEN: 888-804-4595

PLAN NAME: NECA LOCAL NO. 145 IBEW WELFARE PLAN

PATIENT FULL NAME	MALE or FEMALE (CIRCLE ONE)	TEST DATE
PATIENT EMAIL		LAST FOUR DIGITS OF SSN
DAY PHONE NUMBER		DATE OF BIRTH

PLEASE INCLUDE THE FOLLOWING MEASUREMENTS/TESTS:

Full Lipid Panel (Cholesterol) Diabetes (Glucose) Blood Pressure Body Composition

Other _____

Fasting? YES _____ NO _____

Signature (Patient) _____ Date _____

BIOMETRIC SCREENING RESULTS:

TC: _____ HDL: _____TRG: _____ LDL: _____ TC/HDL Cholesterol Ratio: _____GLU:_____

Age: _____ Blood Pressure: _____Weight: _____ Height: _____ BMI:_____Waist:_____

Signature (Physician) _____ Date _____

Physician's Printed Name: _____

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