



**HEALTH
MANAGEMENT
PROGRAM**

**ENJOYLIFE REWARDS FORM
DZSP-21, LLC. - POLICY YEAR 2025**



PLEASE PRINT ALL INFORMATION CLEARLY

SUBSCRIBER INFORMATION			
SUBSCRIBER NAME (Last, First, Middle Initial)		SUBSCRIBER BIRTH DATE MM / DD / YYYY	STAYWELL ID #
MAILING ADDRESS		STATE	ZIP
SUBSCRIBER EMAIL ADDRESS		PHONE NUMBER	
EMPLOYER GROUP		PLAN EFFECTIVITY DATE MM / YYYY	

MEMBER (CLAIMANT) INFORMATION			
MEMBER NAME (Last, First, Middle Initial)		MEMBER BIRTH DATE MM / DD / YYYY	STAYWELL ID #
MEMBER EMAIL ADDRESS	PLAN EFFECTIVITY DATE MM / YYYY	PHONE NUMBER	

PLEASE PUT A MARK AND INDICATE DATE(S) ON THE COMPLETED ACTIVITY YOU ARE CLAIMING.

DATE(S):	QUALIFYING ACTIVITY (REWARDED ONCE PER YEAR UNLESS OTHERWISE INDICATED BELOW)	REWARD	DO NOT WRITE IN SPACE BELOW. OFFICE USE ONLY
<input type="checkbox"/>	Annual Physical Exam (APE).	\$ 100.00	OFFICE USE ONLY
<input type="checkbox"/>	Screening Mammography and clinical breast exam for women ages 40 to 69 years.	\$ 50.00	
<input type="checkbox"/>	Cervical cancer screening with Pap Smear for women ages 21 to 65.	\$ 50.00	
<input type="checkbox"/>	Colorectal cancer screening per USPSTF guidelines for adults ages 50 to 75 years.	\$ 50.00	
<input type="checkbox"/>	Osteoporosis screening per USPSTF guidelines for women ages 65 and older.	\$ 50.00	
<input type="checkbox"/>	Screening for lipid disorders per USPSTF guidelines for men ages 35 and older, or women ages 45 and older.	\$ 50.00	
<input type="checkbox"/>	Diabetes care with annual retinal eye exam, Hemoglobin A1c, foot exam, urine microalbumin test, and fasting lipid profile.	\$ 100.00	
<input type="checkbox"/>	100% Maintenance medication compliance for chronic disease management for members diagnosed with Diabetes OR Asthma.	\$ 25.00	
<input type="checkbox"/>	Completion of two (2) dental prophylaxis/cleaning services per year under the StayWell Dental Plan benefits provision.	\$ 25.00	
<input type="checkbox"/>	Obtain a Seasonal Influenza Vaccination (flu shot).	\$ 25.00	
<input type="checkbox"/>	Completion of StayWell's Health Risk Assessment (HRA).	\$ 25.00	
<input type="checkbox"/>	Participate in or volunteer for one (1) StayWell Foundation, Inc. event or fundraiser. Proof of participation required. Up to four rewards per year.	\$ 25.00	
<input type="checkbox"/>	Participation in a StayWell Worksite Health Fair or Screening (with BMI, blood pressure, & blood sugar measurements).	\$ 25.00	
<input type="checkbox"/>	Attendance in any two (2) StayWell-approved Health Education classes. Proof of attendance & completion required. Up to two rewards per year.	\$ 25.00	
<input type="checkbox"/>	Accumulation of at least 300 points a month for three (3) consecutive months through the Health Activity Tracker™ on the EnjoyLife Web Portal. One reward per quarter.	\$ 25.00	
<input type="checkbox"/>	Attendance in a fitness class or gym with a minimum of eight (8) visits per month for three (3) consecutive months. Proof of attendance membership required. One reward per quarter.	\$ 50.00	
<input type="checkbox"/>	Completion of two (2) 5K events. Proof of completion required. Up to four rewards per year.	\$ 25.00	
<input type="checkbox"/>	Completion of one (1) 10K event. Proof of completion required. Up to four rewards per year.	\$ 25.00	
<input type="checkbox"/>	Completion of one (1) Half-Marathon (21.1k/13.1mi) event. Proof of completion required. Up to two rewards per year.	\$ 50.00	

(continued on reverse)

DATE(S):	QUALIFYING ACTIVITY	REWARD	DO NOT WRITE IN SPACE BELOW. OFFICE USE ONLY
<input type="checkbox"/>	Completion of one (1) Full-Marathon (42.2k/26.2mi) event. Proof of completion required.	\$ 100.00	OFFICE USE ONLY
<input type="checkbox"/>	Participation in a recreational or professional sports team or league. Proof of membership & participation required. Up to two rewards per year.	\$ 50.00	
<input type="checkbox"/>	Participate in one (1) community health forum, conference, or screening event. Proof of attendance & participation required. Up to four rewards per year.	\$ 25.00	
<input type="checkbox"/>	TOTAL (maximum reward of \$1,000.00 per member OR \$2,000.00 per family per year):		

Upon completion, please submit this form (including supporting documents) to: enjoylife@staywellguam.com OR StayWell Insurance Health Management Department 520 Route 8 Maite, Guam 96910. **ACTIVITIES AND FORM ONLY VALID FOR POLICY YEAR 2025.**

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below):

- I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services.
- I authorize the release of any information to StayWell Insurance about my fitness/ gym membership and participation in a health education class.

Claimant's Signature: _____

Date: MM / DD / YYYY

EnjoyLife Rewards Frequently Asked Questions

- Who is eligible for the reward?** StayWell subscribers and their dependents over the age of 18 who have EnjoyLife Rewards Program under their medical health plan are eligible to receive a maximum of \$1,000.00 per member OR \$2,000.00 per family per year. Members must be enrolled under their medical health plan for a minimum of 12-months of continuous coverage within the Reward Period of the policy year.
- What do I need to do to receive my reward?** Members must complete the EnjoyLife Rewards Form available online or in our office, and submit to our office. Other supporting documents, including proof of gym membership & attendance, proof of fitness event completion, proof of community event attendance, etc. must accompany the Rewards Form. Any Rewards Forms lacking supporting documents may result in disqualification of that reward.
- Is there a deadline for completion of the activities or submission of the Rewards Form?** All reward activities must be completed during the reward year in order to receive the reward for that year. Any activities completed before or after the reward year will not be counted towards the reward. All forms and supporting documents are due no later than sixty (60) days from the end of the policy year.
- When will I get my reward?** After the sixty (60) day period for submission of the Rewards Form has passed, StayWell has up to sixty (60) days to issue your reward.
- How much is my reward?** Reward amounts vary according to the completed activities, as listed on the previous page. The maximum amount rewarded per member per year is \$1,000.00 OR \$2,000.00 per family per year.
- I received an Executive Check-Up off-island, including a physical exam and cancer screenings. Will this count towards my reward?** Any off-island preventive health screenings, including annual physical exams and cancer screenings, may count towards your reward if these services were obtained through a StayWell Center of Excellence or Participating Provider. Any services not obtained through a participating provider will not be counted towards the reward.
- Where can I pick up my reward?** All rewards will be mailed out to the member according to the mailing address provided on the submitted EnjoyLife Rewards Form. Rewards will not be made available for pick-up at our office or through your employer.
- How do I get access to the online Health Risk Assessment or Health Activity Tracker?** Access to our EnjoyLife Web Portal can be obtained by calling our Health Management Department at 671.477.5091 ext. 1185 or by email at enjoylife@staywellguam.com. Eligible members will be given a unique username and password to access the portal. Please write this information down and keep it in a safe place for future reference.
- What fitness or 5k/10k/half- or full-marathon events can I participate in?** You may participate in any StayWell-sponsored or StayWell-affiliated fitness or run event. If you are unsure of whether or not an event is approved by StayWell, please call our Health Management Department at 671.477.5091 ext. 1185 or by email at enjoylife@staywellguam.com to verify.
- What counts as proof of completion for a fitness or run event?** Members may submit a copy of their official race completion results, or a selfie (photograph) at the finish line of the run event.
- What type of community forum, conference, or health screening can I participate in?** Our StayWell Health Management Department is affiliated with many health agencies and organizations that include, but are not limited to: American Cancer Society, Guam Behavioral Health & Wellness Center, Department of Public Health and Social Services, Guam Cancer Care, Guam Diabetes Association, The Guam Diabetes Control Coalition, the Non-Communicable Disease Consortium, and others. Any event that is sanctioned or sponsored by any of these organizations will be counted towards your reward. If you are unsure of whether or not an event is approved by StayWell, please call our Health Management Department at 671.477.5091 ext. 1185 or by email at enjoylife@staywellguam.com to verify.
- What counts as proof of attendance or participation of a community health event?** Members may submit a copy of their screening results, certificate of attendance or participation, or certificate of completion as proof for the reward. Please verify with organization officials that these documents will be available to you. If you are unable to provide supporting documents, the event will not be counted towards your reward.

QUESTIONS? For further information, call StayWell's Customer Service or Health Management Department at 477-5091 ext. 1120 or 1185.