LMHF®

Wellness

Labor-Management Healthcare Fund is the administrator of health, prescription, and dental coverage. It is our goal to help ensure your overall satisfaction with our program, plans of benefits offered, performance of insurance carriers, as well as all customer service conduct.

LMHF WELLNESS INCENTIVE PROGRAM

Beginning January 1 of each year, active employees, along with their spouses, (who are LMHF members) are eligible to participate in the LMHF Wellness Incentive Program. The program runs January 1 through December 31, at which time, the benefit re-sets.

THE FOLLOWING DESCRIBES THE PROCESS:

Employee and/or spouse is required to receive an annual physical by their Primary Care Physician and submit the necessary paperwork to LMHF. NOTE: Applicant must be an active LMHF member at the time of his/her annual physical. When the participant completes the necessary steps, they will receive a $50.00 HRA debit card.

Employee Responsibility

1.) Retrieve a LMHF "Wellness" packet from employee's Human Resources/Personnel Department or LMHF office. The required form is included in the packet and on our website at www.LMHF.net.
2.) Applicant is required to get an Annual Physical provided by his/her Primary Care Physician.
3.) Applicant must complete the "Employee Verification" section (page 1). Applicant's physician must complete "Annual Physical Verification" section (page 2).
4.) The completed and signed form must be submitted to the LMHF office via U. S. Postal Service or deliver it in person to the LMHF office. There is a locked mailbox in the front of the building if it is after hours. *(Self-addressed envelopes are provided in packets).*

All documents must be submitted no later than February 15 for the prior year's participation.
All documents must contain original signatures!

Please note: If you terminate your employment or retire, you are required to use the entire balance within 90 days of your termination date, at which time the card will no longer be valid.

Attention to all LMHF Wellness Incentive Program participants:
please keep in mind, the HRA debit card that you earn is intended for ***cardholder use only***.

YOUR PARTICIPATION IN OUR WELLNESS INCENTIVE PROGRAM IS GREATLY APPRECIATED!

90 Anderson Road
Cheektowaga, NY 14225
Phone (716) 601-7980 ❖ Fax (716) 601-7984
www.LMHF.net