



Instructions to Complete Personal Wellness Profile (Health Risk Assessment)

REQUIRED for Wellness Tier Insurance Rates

To sign-up for the “Wellness Tier” insurance rates, one requirement is to complete a “Personal Wellness Profile” questionnaire. **You must have recent results of your blood pressure, total cholesterol, HDL, glucose (blood sugar) and triglycerides.** You may use the results of blood work done during the annual ACC blood draw/wellness screening or results from your physician, if done in the past 6 months.

You have 2 options for completing the questionnaire.

1. **Online:** You may complete the questionnaire online, please go to <https://wellsuite.com/coclarkega/pwp/> and follow the login instructions.
 - Select Group ID number: If you have HMO insurance, select 22679003. If you have PPO insurance, select 22679000. Or you may select the “Opt Out” group if you do not have health insurance with ACC.
 - Enter a User ID. This will be the User ID you will use to login to the system. It is suggested that you use the last 4 digits of your social security number.
 - Set your password that you will use to login to the system. Password should at least 4 characters long and can consist of numbers, letters, characters or a combination. User ID and password are case sensitive.
 - Enter your first name, last name, home address, e-mail address, department name, gender, birth date, race and daytime phone number.
 - Answer all questions.
 - Please type in your most recent results for blood pressure, Total Cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, and glucose (blood sugar).
NOTE: “Systolic” blood pressure means the top number. “Diastolic” blood pressure is the bottom number. For example, if your blood pressure is 125/80, the systolic number is 125. The diastolic number is 80.
 - Enter Waist Girth, Hip Girth, Body Composition Test, Sum of Skinfolds, and Known % fat if known. Otherwise, you may skip.

2. **Paper copy:** you may complete a paper questionnaire and return to Dee Dee Gaines in Compensation and Benefits. Please see your department's administrative assistant for a copy of the questionnaire and follow the instructions below.

**You must use a #2 pencil to complete the questionnaire
and fill in the circles completely.**

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- Enter "Name and Address" please write your name, address, phone number, race date you complete the information, and birthday. For "Company Name," please write in the name of your department. You may skip e-mail, personal physician, and insurance company.
- Under "Last Name - space- First Name", please write in the boxes your last name, skip a space, then first name. Then fill in the corresponding circle below for each letter of your name. Do not fill in any circle for the space between your last and first name.
- Enter "Personal ID", please write in the boxes the last 4 digits of your social security number. Then fill in the circle for each number.
- Enter the Group ID number: If you have HMO insurance, please enter 22679003. If you have PPO insurance, please enter 22679000. Then fill in the circle below for each number.
- Please fill in the appropriate circle for your gender and frame size,
- Enter your height, weight and age in the appropriate boxes. Then fill in the circle below for each number.

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- For questions 1-39, please fill in the circle next to your answer.

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- Skip the "Optional" section.
- Under "Clinical Data", please write in your most recent results for blood pressure, total Cholesterol, HDL cholesterol, glucose (blood sugar) and triglycerides. Then fill in the corresponding circle below for each number.
NOTE: "Systolic" blood pressure means the top number. "Diastolic" blood pressure is the bottom number. For example, if your blood pressure is 125/80, the systolic number is 125. The diastolic number is 80.
- **Skip** Waist Girth, Hip Girth, Body Composition Test, Sum of Skinfolds, and Known % fat.
- If you know your HbA1C, you may enter it and fill in the corresponding circles. Otherwise, you may leave it blank.