



State Health Benefits Program (SHBP)
HEALTH BENEFITS RETIREE EMPLOYEE GROUP
SHBP RETIREE WELLNESS PROGRAM
PLEDGE FOR HEALTHY LIVING

A commitment to healthy living is a life choice. Your focus on wellness can help you lead a long, active, and healthy life. The SHBP Retiree Wellness Program emphasizes maintaining a healthy lifestyle, reducing your risks for chronic illness through disease prevention, and annual checkups. Your commitment, along with the help of your health care provider, can help you attain and maintain your healthy lifestyle goals.

I wish to be a member of the SHBP Retiree Wellness Program. By continuing to fulfill the requirements of the Wellness Program I will not be required to pay a health contribution of 1.5 percent of my monthly pension allowance.¹ I understand that to remain exempt from the health contribution of 1.5 percent, I must fulfill the requirements of the Program on an annual basis.

As an active participant of the Retiree Wellness Program, I will:

- ✓ Complete a Health Risk Assessment (HRA) annually;
- ✓ Have a thorough medical check-up annually;
- ✓ Participate in my health plan's disease management program when recommended if I have been diagnosed with a chronic disease; and
- ✓ Take the following tests and/or screenings as appropriate to my age, gender and generally accepted frequency based upon the medical advice of my health care provider: Blood tests, Mammogram, Pap test, Colorectal Screening, PSA test.

 Print Member's Name

 Member's Social Security Number

 Member's Signature

____/____/____
 Date

¹ The health contribution for ABP retirees is equal to 1.5 percent of 50 percent of the highest salary received in the five years prior to retirement.

Please return your completed pledge within three weeks of receipt to:

New Jersey Division of Pensions & Benefits
Retiree Wellness Program Coordinator
P.O. Box 299
Trenton, NJ 08625-0299