



NEW MEXICO  
**RETIREE**  
 HEALTH CARE  
 AUTHORITY

## Wellness Incentive Completion Form

Fill out the information below and return to the NMRHCA. If you have proof of completion (certificate of participation, receipt), please include with your form; it will expedite the process. You must have two programs completed before you can turn in this sheet for credit.

I have completed the following wellness programs/courses that I wish to apply toward credit for a \$50 Gift Card. I understand that the New Mexico Retiree Health Care Authority may verify and must approve both selections to qualify for credit.

**First Wellness Program**

(Example: Completed Health Risk Assessment Online)

**Second Wellness Program**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle Applicable Health Plan:** Blue Cross Blue Shield / Presbyterian Health Plan / United Health Plan

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please return this form to New Mexico Retiree Health Care Authority. You may also mail it to us at:  
 4308 Carlisle Blvd., NE, Suite 104, Albuquerque, NM 87107, fax it to 505-884-8611 or email it to us at  
 NMRHCA.wellness@state.nm.us.**

*If you have any questions, please contact us at 1-800-233-2576 or email us at NMRHCA.wellness@state.nm.us.*

FOR OFFICIAL USE ONLY

NMRHCA Verification: \_\_\_\_\_