



# 2019 SMP WELLNESS DRIVE YOUR HEALTH FORWARD

Standard Motor Products cares about you and your well-being. That's why we partnered with SimplyWell, a workplace wellness provider, to offer you a program to promote and support healthy living.

**For the 2019 SMP Wellness Program, we are requiring a Physician Results Form/Annual Physical and completion of the Tobacco-Free Goal by 10/15/2019.**



## Visit Your Physician

Log on to [connect.simplywell.com](http://connect.simplywell.com) or the SimplyWell mobile app and follow the prompts on the homepage under "Biometric Screening" to download the physician form. Visit your physician and have them complete and submit the physician form.



## Tobacco-Free Goal

Log on to [connect.simplywell.com](http://connect.simplywell.com) to complete the Tobacco-Free Goal by attesting to being tobacco-free through the Tobacco Affidavit or by completing the Tobacco Reasonable Alternative Content.

## How to Register

- Visit [connect.simplywell.com](http://connect.simplywell.com) or the SimplyWell app
- Select **Register**
- Enter your last name and date of birth (mm/dd/yyyy)
- Enter your identifier: DOB + Last 4 of SSN (Ex. mmddyyyy1234)
- Enter the registration code: SMPWELLNESS (\*Please note this is case sensitive.)
- Then follow the prompts to complete registration

You must complete your Physician Results Form/Annual Physical and Tobacco-Free Goal by 10/15/2019 in order to avoid a 2020 premium increase!

Please review your "Incentives" tab on the "Rewards" page for additional details.

**Questions?** Call SimplyWell at 888-848-3723.

**Note:** All programs are confidential and HIPAA-compliant. Any information shared with the SimplyWell team will not be disclosed except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.





## Health Assessment

Your Health Assessment provides us with an overall view of your lifestyle habits and helps calculate your Health Score and Health Age.

[Complete Your Assessment](#)



## Biometric Screening

A Biometric Screening is a simple exam that helps you become fully aware of your current health status and any risk factors you may have.

[Register with Quest](#)

## Terms and Conditions

1. Terms of Service: Quest Diagnostics Blueprint for Wellness represents health benefit management programs with policies in place to maintain the confidentiality of your information consistent with Quest Diagnostics Notice of Privacy Practices, which may be found at [QuestDiagnostics.com/home/privacy-policy/online-privacy.html](http://QuestDiagnostics.com/home/privacy-policy/online-privacy.html). Our Privacy of Protected Health Information (PHI) policy requires that we “must obtain, maintain, use and disclose patient protected health information in a manner that protects patient privacy and complies with all state and federal laws.” Though this is a voluntary program, should you choose not to accept these Terms and Conditions, you will not be able to participate.
2. You are participating in a voluntary screening program, and by your participation you freely and voluntarily assume any risks associated with the screening process. You must be 18 years of age or older. You consent to the collection of a blood sample from a fingerstick or from the arm; measurement of blood pressure, height, weight, waist and/or hip measurements; as well as the collection of a cheek swab or blood sample for the purpose of cotinine testing to detect tobacco use, as applicable. You understand that collection of a blood sample involves certain potential risks which may include but are not limited to: prolonged bleeding, fainting or feeling lightheaded, bruising and multiple sticks. If the program includes the reporting of results at the point of collection, this data should be considered preliminary, they are screening assessments only. The instrument used onsite may yield results that vary from what would be reported if the same testing was performed by the laboratory on a specimen obtained from your arm.

3. By participating in the wellness screening program(s) you acknowledge and consent to Quest Diagnostics Blueprint for Wellness' disclosure

**Accept & Continue ▶**

[Download Terms and Conditions](#)

## Verify Your Information

### Enter Your Information

First Name \*

Jennifer

Last Name \*

Forlenza

Birth Date

[REDACTED]

Example: 01/25/1980

Gender \*

Female

Phone \*

Required

Email Address \*

Required

### Mailing Address

Address Line 1 \*

[REDACTED]

Address Line 2

[REDACTED]

Country \*

United States

City \*

Long Island City

State \*

NY - New York

Postal Code \*

11109

### Communication Preferences



I would like to receive appointment reminders from Quest Diagnostics Health &amp; Wellness.

Save »

## Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



## Wellness Screening

To get started, select an appointment method below.

### Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

## Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. See how these screening participants changed the [stories of their lives](#) with the information gained from screenings.

Did insights from your screening help you transform your health?

[Tell Us Your Story ▶](#)



# Thank you, Jennifer

Your wellness screening has been created as a Physician Results Form, download it below.

## Physician Results Form

[Download Form ▶](#)

Tests must be completed between:  
**Tuesday, Oct 16, 2018 - Tuesday, Oct 15, 2019**

Physician Results Form must be returned  
by:  
**Tuesday, Oct 15, 2019**

[Back to Dashboard ▶](#)

## Prepare For Your Appointment



Drink plenty of water  
prior to your  
appointment



Continue to take all  
medications as  
prescribed by your  
healthcare provider



Do not eat or drink  
anything, except water,  
for 9-12 hours prior to  
the blood test

## Next Steps

1 You can fax your form to 844.560.5221 or [upload it](#).

For questions, contact the Health & Wellness Service Center: **855.623.9355**