

Health Survey Reward Request

Congratulations on completing the health survey activity!

Please fill out this form and return with your completed health survey in one of the provided envelopes.

First name: _____ Last name: _____




















Member ID: _____ Phone number: _____

Step 1: Select one \$75 reward. Place an X next to the \$75 reward you wish to receive. Choose either:

A) Brand reward

– OR –

B) Visa® Prepaid Card

<input type="checkbox"/>	 1	<input type="checkbox"/>	 2	<input type="checkbox"/>	 3	<input type="checkbox"/>	 17
<input type="checkbox"/>	 4	<input type="checkbox"/>	 5	<input type="checkbox"/>	 6		
<input type="checkbox"/>	 7	<input type="checkbox"/>	 8	<input type="checkbox"/>	 9		
<input type="checkbox"/>	 10	<input type="checkbox"/>	 11	<input type="checkbox"/>	 12		
<input type="checkbox"/>	 13	<input type="checkbox"/>	 14	<input type="checkbox"/>	 15		
<input type="checkbox"/>	 16	<input type="checkbox"/>	 16	<input type="checkbox"/>	 16		

Step 2 - Receive your reward. Place an X next to the email or mail option below.

Email address*:

Mailing address:



*You agree to receive email from Lasso Healthcare/For Your Health.

Lasso Healthcare is an MSA plan with a Medicare contract. Enrollment in Lasso Healthcare depends on a contract renewal. The For Your Health program incentives, reward brands and amounts are subject to change. Gift card requests will be processed within 3 business days after receipt. Please allow up to 21 business days to receive a physical card via mail. See reverse for important information.

Important information

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