

Labs Reward Request

Congratulations on completing the labs activity!

Please fill out this form and return with your completed labs certification form 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



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

Email address*:

Mailing address:



Fastest delivery!

*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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