



Zilber Wellness Physician Screening Form

Schedule an annual preventative care visit with your primary care physician. Ensure your provider completes section 2 of this form. The completed form should then be submitted to Asset Health via the Physician Form upload tile or by email as indicated on the form. **Make sure to schedule your appointment in advance of 02/28/2026 so that there is sufficient time to meet this submission date. Forms should only be submitted by the participant, please do not submit your spouse's form. Only one form can be submitted at a time.**

Return completed form by 02/28/2026 to Asset Health via:

- **Preferred:** Log into your portal at assethealth.com/zilber to upload your form via the Physician Form Upload tile.
- **Email:** Support@assethealth.com

Note: The Zilber UHC health plan provides for one preventative care visit per plan year at no cost to you. Please review our preventative care guidelines found at <http://benefits.zilber.com/documents/your-health/health/preventive-care-services.pdf>. We are not responsible for the cost of any tests or diagnostics your provider orders outside of these preventative guidelines.

1. Section to be completed by the Employee or Spouse

I acknowledge I have completed my preventative care visit with my primary care provider.

Primary Care Provider Name: _____ Phone Number: _____

Printed Name: _____

Signature: _____

2. Section to be completed by the Primary Care Provider

I acknowledge that the above-named individual met with me on the date listed for his/her preventative care visit.

Date of Service: _____

Primary Care Provider Signature: _____ Date: _____



NOTICE REGARDING WELLNESS PROGRAM

Zilber Ltd.'s wellness program is available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you and your Primary Care Physician will be asked to complete a Physician Screening Form and submit to Asset Health, our wellness program administrator. You are not required to participate in the wellness program, complete the Physician Screening Form or to participate in other medical examinations.

Employees (and spouses) insured on our mainland United Healthcare health plan that choose not to participate in the wellness program and submit a Physician Screening Form, will be assessed a monthly payroll surcharge effective March 2025. The surcharge is \$65/month per employee and/or spouse that does not submit a Physician Screening Form by February 28, 2026. An employee may be assessed up to two surcharges.

Employees and spouses who choose to participate in the wellness program and (1) submit the Physician Screening Form and (2) complete the Asset Health online health assessment will receive a \$100 Wellness Bonus, paid at the end of the program year. Employees may also participate in other points-based wellness activities, and be awarded up to an additional \$400 Wellness Bonus, also paid at the end of the program year. If you are unable to participate in a wellness activity, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

Protections from Disclosure of Medical Information

Zilber Ltd. is required by law to maintain the privacy and security of your personally identifiable health information. Zilber Ltd. only receives an aggregated report from Asset Health regarding the health of our wellness program participants. Asset Health will not disclose personal health information either publicly or to Zilber Ltd. unless expressly permitted by the program participant. Participant name and participation status in the program will be disclosed by Asset Health to Zilber Ltd. for the purpose of administering the wellness incentive program. All other health information will not be shared with Zilber Ltd.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are individuals engaged by Zilber Ltd. for the purpose of providing you with follow-up coaching, counseling or related services under the wellness program (including nurses, health coaches, health advisors).

In addition, all participation information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making employment decisions. Appropriate precautions will be taken to avoid any data breach. You will be notified in the event a data breach occurs involving information you provide in connection with the wellness program.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jenna Michels at 414-274-2459 or Jenna.Michels@zilber.com.