

## Instructions:

- Share this Wellness Brochure/Form with your provider(s). Remember to bring it with you to all provider visits.
- Discuss and have the required screening completed.
- Once completed, please have your provider confirm completion by signing and placing their stamp on the Wellness Brochure/Form.
- Send your brochure/form as soon as it is completed, but no later than December 31, 2026.
- There are three simple ways it can be submitted:
  - Mail using the enclosed pre-paid envelope
  - Email to [wellness@mjhs.org](mailto:wellness@mjhs.org)
  - Scan QR code to upload securely



**Note:** All screenings and vaccinations will be rewarded once per year.

Allow up to 14 weeks for processing.

The reward expires on 12/31/2027.

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-877-771-1119 (TTY: 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-877-771-1119 (TTY:711). 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-877-771-1119 (TTY: 711)。

H3347\_EPHF70327

## Need Help?

Wellness Team:

**(718) 759-4413 (TTY: 711)**

9 a.m. – 5 p.m., Monday – Friday

Member Services:

**1-877-771-1119 (TTY: 711)**

8:30 a.m. to 5 p.m., Monday – Friday

 **elderplan**  
homefirst®

*Leading the way to great care.™*

 homefirst®

A product of Elderplan



Earn a

**\$25 Reward**

*in the form of a gift card,  
for completing  
**EACH ELIGIBLE**  
exam or  
vaccination*

### Flu Vaccination

The Centers for Disease Control recommends flu shots for everyone over the age of 6 months, especially for those aged 65 and over, or who have chronic health conditions such as asthma, diabetes or heart disease.\*

\*Flu vaccination incentive can be earned once per calendar year.

### Annual Dental Exam

If you've had a dental exam performed by a dentist anytime in 2026 it counts toward the Wellness Incentive Program.

### Annual Hearing Exam

Routine hearing screenings may increase diagnosis and treatment of hearing loss in adults. If you've had a hearing test performed anytime in 2026 it counts toward the Wellness Incentive Program.

Member Name

### Flu Vaccination

Dr./NP/Pharmacist Signature

Flu Shot Date

Member ID

### Annual Dental Exam

Dr. Signature

Exam Date

### Annual Hearing Exam

Dr. Signature

Exam Date



*Provider stamp.*