

Employer: City of Hamilton Select One: Male Female PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Are you: City Employee Covered Spouse City Work Location (or Department): _____

Plan Coverage: Single Employee+1 Family Social Security Number (last 4): _____

If Employee+1 or Family Plan, list your spouse's first and last name: _____

Date of Birth: __ / __ / ____ Member Number (from Insurance Card): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Preferred Means of Contact: Phone Email

Metabolic Syndrome

Metabolic Syndrome is a group of metabolic risk factors that exist in one person. Some underlying causes of this syndrome that give rise to the metabolic risk factors include being overweight or obese, having insulin resistance, being physically inactive, and/or genetic factors. Individuals with Metabolic Syndrome have a higher risk of diseases related to fatty buildups in artery walls, such as coronary heart disease, and are more likely to develop type 2 diabetes.

The presence of three (3) or more of the following risk factors are used as criteria to identify the presence of Metabolic Syndrome in individuals:

WAIST CIRCUMFERENCE	> 40 inches for men, > 35 inches for women
FASTING BLOOD TRIGLYCERIDES	≥ 150 mg/dL
HDL CHOLESTEROL	< 40 mg/dL for men, < 50 mg/dL for women
BLOOD PRESSURE	≥ 130/85 mm Hg
FASTING GLUCOSE	≥ 100 mg/dL

City of Hamilton employees and spouses covered by the City's 2020 health benefits plan, who have three (3) or more Metabolic Syndrome risk factors, are required to complete a reasonable alternative in order to receive the 2020 HSA/HRA disbursement. Engaging with your primary care physician on a personal health plan will be accepted as a reasonable alternative.

Instructions for Primary Care Physician

By signing below, I _____ confirm that based on the biometrics included as part of
(Print name of Primary Care Provider)

the City of Hamilton's Living Well Program Exam Reporting Form, my patient has three (3) or more Metabolic Syndrome risk factors, as defined above. I am working with my patient on a plan to improve their out-of-range risk factors and thus improve their health. Engagement in this plan by my patient will suffice as a reasonable alternative for the City of Hamilton's Living Well Program.

Signature of Healthcare Provider: _____ **Date:** _____

Submit this Registration Form and the Exam Reporting Form together:

- Scan and email to healthyhamilton@ketteringhealth.org
- Send via secure fax: (513)867-6900

