



## Archdiocese of St. Louis

### Employee Wellness Form

Benefit eligible employees who would like to participate in the Archdiocese Wellness Screening and Incentive Retirement Contribution but are unable to attend an on-site Wellness Screening during fiscal year 2026, may visit their personal physician to request a Wellness exam.

Benefits eligible employees with at least one year of service and who are working a minimum of 1,000 hours annually or a teacher with a half-time or more contract, are eligible to participate. They may complete a Wellness Screening with their physician and receive the \$125.00 Archdiocese contribution to their Archdiocese of St. Louis sponsored 403(b) retirement plan when they comply with the participation and reporting criteria.

**Criteria:**

Eligible employees must receive a Wellness Screening with their physician between July 1, 2025 and June 30, 2026.

Employees must submit this completed form to H&H Health Associates ([nurses@hhhealthassociates.com](mailto:nurses@hhhealthassociates.com)) or fax to 314-845-8087 no later than June 30, 2026.

Please view the Wellness Screening FAQ at [Employee Wellness Programs | Default Site](#).

**Employee Instructions: Please complete all requested information.**

Employee Last Name (please print):    First Name:    Employee ID    Date of Birth: mm/dd/yy)

Home Street Address:    Phone #

City:    State:    Zip Code:

Name of Parish, School, or Agency Employer:    Your Email Address (optional):

**Certification: I certify that I received an annual wellness exam with my physician on the date noted below. I understand that if I provide false information, it may lead to disciplinary action.**

Your Physician's Name: (Physician is not instructed to sign this form)    Date of Physician Exam:

Employee Signature:    Date:

**Employee Instructions: This completed and signed Employee Wellness Form should be sent to H&H Health Associates. Email is the recommended method of delivery so that you have proof of sending the form.**

Questions: Please View the Wellness FAQ at: [Employee Wellness Programs | Default Site](#) or direct emails to [AskHR@archstl.org](mailto:AskHR@archstl.org)

**Fax:** To H&H Health Associates at 314.845.8087  
**Attn:** Nurses

**Email:** To H&H Health Associates at [nurses@hhhealthassociates.com](mailto:nurses@hhhealthassociates.com)  
**Subject:** Physician Waiver