## Office of Group Benefits **EXEMPTION Form 2025 - 2026**



## **SUBMISSION DEADLINE 09/30/2026**

Instructions for Active Employees and Retirees (OGB Louisiana Blue subscribers / policyholders)

If you were unable to receive a Catapult Health Preventive Checkup this year because you did not meet the required health standards, you were pregnant at the time of the checkups, or are within 60 days postpartum, you may work with your physician to develop a plan to maintain or improve your health. All information requested below must be completed. Once complete, you must send your form to Catapult Health prior to the program deadline, September 30, 2026.

PLEASE NOTE: Sending the completed form is ultimately your responsibility, not your provider's. Completed forms must be received by Catapult Health by 5:00pm CT on Sept. 30, 2026.

## PLEASE PRINT CLEARLY | INCOMPLETE FORMS CANNOT BE PROCESSED | \* Indicates Field Required STEP ONE: PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Provider to Catapult Health in order to complete the requirements for my wellness incentive.

PATIENT'S NAME	*		PATIEN	PATIENT'S SIGNATURE *		
	First	M.I.	Last			
<b>DATE *</b> /_		DATE OF BIRT	'H */	_ LOUISIANA BLUE M	EMBER ID #:	
Mo / Day	/ / Year		Mo / Day / Year			
PHONE NUMBER			EMAIL		_@	
text STOP to unsubs	ribe at any t	time from text mess	sages regarding my Exen	nption Form. Message frequ	y form. I understand that I may encies may vary, and data rates tices at <u>www.catapulthealth.com</u>	
do not meet the will not be requithis form to you personal physicia	ployer has required red to con r patient.	partnered with health standar nplete labwork In compliance v endations for yo	ds, are currently poor biometric testing with HIPAA requirend patient to mainta	regnant or were pregn g. Please complete the in nents, the Office of Gro	s initiatives. <b>Individuals who ant within the last 60 days</b> of ormation below and return oup Benefits accommodates th. We do not need to know ur patient.	
	•	•	•	health improvement or e for them during their	r maintenance plan to your pregnancy.	
Physician's Name	(Print)	<del></del>	Physician's Signat	ure	Today's Date	

## STEP THREE SUBMISSION INSTRUCTIONS:

Completed forms must be sent to Catapult Health for processing using one of the following methods, <u>arriving by 5pm CT, ON OR BEFORE 9/30/2026</u>. We always recommend keeping an original copy in case resubmission is necessary.

- Secure Email Submission using the website address: <a href="https://securecontact.me/support@catapulthealth.com">https://securecontact.me/support@catapulthealth.com</a>
- Encrypted Fax Submission: 877-885-9904 (no cover page needed)
- Mail: 5294 Belt Line Rd #200, Dallas, TX 75254 Attn: PCP Processing

**Questions?** Please email <a href="mailto:support@catapulthealth.com">support@catapulthealth.com</a> or TEXT or CALL 855-509-1211 for Catapult Patient Support.