

**SHBP RETIREE WELLNESS PROGRAM  
PLEDGE FOR HEALTHY LIVING**

A commitment to healthy living is a life choice. Your focus on wellness can help you lead a long, active, and healthy life. The SHBP Retiree Wellness Program emphasizes maintaining a healthy lifestyle, reducing your risks for chronic illness through disease prevention, and annual checkups. Your commitment, along with the help of your health care provider, can help you attain and maintain your healthy lifestyle goals.

I wish to be a member of the SHBP Retiree Wellness Program. By continuing to fulfill the requirements of the Wellness Program I will not be required to pay a health contribution of 1.5% of my monthly pension allowance<sup>1</sup>. I understand that to remain exempt from the health contribution of 1.5%, I must fulfill the requirements of the Program on an annual basis.

As an active participant of the Retiree Wellness Program, I will:

- ✓ Complete a Health Assessment Test (HAT) annually;
- ✓ Have a thorough medical check-up annually;
- ✓ Participate in my health plan's disease management program when recommended if I have been diagnosed with a chronic disease; and
- ✓ Take the following tests and/or screenings as appropriate to my age, gender, and generally accepted frequency based upon the medical advice of my health care provider: Blood tests, Mammogram, Pap Test, Colorectal Screening, PSA Test.

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Member Signature

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Member Social Security Number

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Member Name (Please Print)

Please return your completed pledge by October 31<sup>st</sup> to:

Retiree Wellness Program Coordinator  
Division of Pensions and Benefits  
P.O. Box 299  
Trenton, NJ 08625-0299

<sup>1</sup> The health contribution for ABP retirees is equal to 1.5 percent of 50 percent of the highest salary received in the five years prior to retirement.