What screenings must be included on my Routine Physical Screening Form:

You and your spouse must submit a fully completed and signed Routine Physical Screening form with the following screenings:

- Date of Routine Physical
- Blood Pressure
- Blood Sugar (Glucose)
- Body Mass Index (BMI)
- Tobacco/Nicotine Use
- Total Cholesterol (LDL, HDL, Triglycerides)

How can I check my status in the program?

To verify, you will need to log in to your asrhealthbenefits.com account, select Health Engagement from the navigation bar, and click on Program Tracker.

Please allow up to 3 business days for your account to reflect completion of the Routine Physical Form and Health Assessment.

Please Return Completed Form to ASR by March 7, 2022:

Attention: Health Engagement
P.O. Box 68010 • Grand Rapids, MI 49516-8010
Phone: (800) 968-3033 • Fax: (616) 464-4469
Email: healthengagement@asrhealthbenefits.com