



# Office of Group Benefits Exemption Form 2026

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

If you were unable to receive an Ochsner Health screening 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 Ochsner Health prior to the program deadline, Sept. 30, 2026. **Sending the completed form is ultimately your responsibility, not your provider's.**

**Completed forms must be received by Ochsner Health by 5 p.m. on Sept. 30, 2026.**

**Please print clearly. All fields are required. Incomplete or illegible forms cannot be processed.**

### 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 Primary Care Provider to Ochsner Health in order to complete the requirements for my wellness incentive. Ochsner Health may disclose this medical information to me, to my health care provider(s), to my health plan, or a third-party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

PATIENT NAME\* (FIRST, M.I., LAST) \_\_\_\_\_ GENDER\* \_\_\_\_\_

DATE OF BIRTH\* \_\_\_\_\_ LOUISIANA BLUE MEMBER ID\* \_\_\_\_\_

PHONE NUMBER\* \_\_\_\_\_ EMAIL ADDRESS\* \_\_\_\_\_

MAILING ADDRESS\* \_\_\_\_\_

PATIENT SIGNATURE\* \_\_\_\_\_ DATE\* \_\_\_\_\_

### STEP TWO: PROVIDER ACKNOWLEDGEMENT

Your patient's employer has partnered with Ochsner Health to provide worksite wellness initiatives. Individuals who do not meet the required health standards, are currently pregnant or were pregnant within the last 60 days will not be required to complete lab work or biometric testing. Please complete the information below and return this form to your patient. In compliance with HIPAA requirements, the Office of Group Benefits accommodates personal physician recommendations for your patient to maintain or improve their health. We do not need to know if your patient is pregnant, what your patient's limitations are, or what your plan is for your patient.

**By signing below, you acknowledge that you have presented a health improvement or maintenance plan to your patient who is named above or that you have been providing care for them during their pregnancy.**

PHYSICIAN NAME\* (PRINT) \_\_\_\_\_ DATE\* \_\_\_\_\_

PHYSICIAN SIGNATURE\* \_\_\_\_\_

### STEP THREE: SUBMISSION INSTRUCTIONS

Completed forms must be sent to Ochsner Health for processing using one of the following secure methods. Forms must be submitted before 5 p.m. on Sept. 30, 2026. We recommend keeping a copy in case resubmission is needed.

#### Mail

Ochsner Corporate Wellness  
Attn: PCP Form Processing  
400 Labarre Rd., 5<sup>th</sup> floor  
New Orleans, LA 70121

**Secure Fax:** 504-353-8830

#### Secure Email

1. Click the link below or copy and paste it into your browser to be taken to our secure email site: <https://eftworkspaces.ochsner.org/messageportal/#/dropoff>
2. Enter your email address in the "From" field. Select Corporate Wellness in the "To" field.
3. Enter "OGB Form" in the Subject line.
4. Click Upload and select the form from your files.
5. Hit "Drop Files Off" to send.

**Questions?** Please email [corporatewellness@ochsner.org](mailto:corporatewellness@ochsner.org).