

Health Fair 101

Presented by

Jasmine Parker

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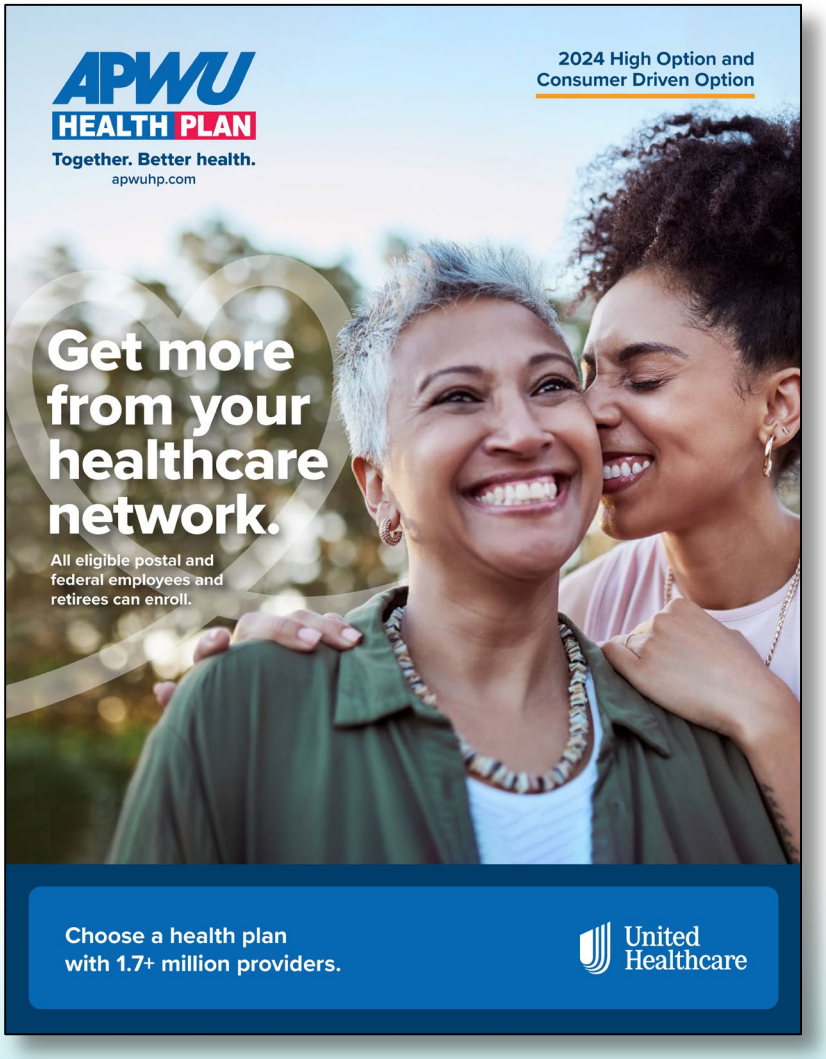
Discussions



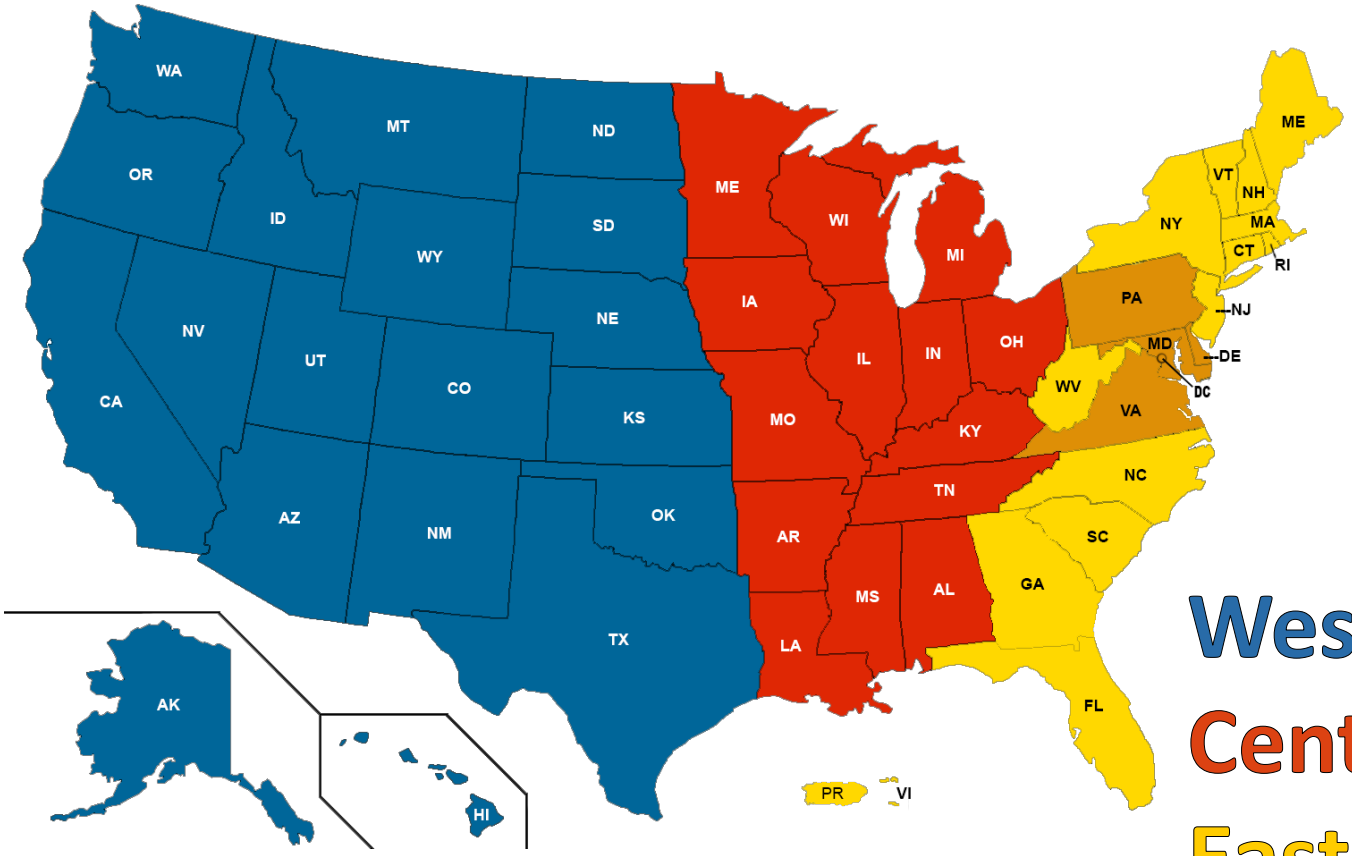
- Open Season
- Health Benefit Fairs
- Registering for Health Fairs (Cvent)
- LWOP
- Ordering Supplies
- Health Plan Representative (HPR) Resources
- HPR Support/Contacts

Open Season

November 13th – December 11th

- There's several ways you can participate in health fairs:
  - Postal/Federal Health Fairs – Cvent
  - Jasmine Parker will contact you by phone
  - Invitations from agencies sent to HPRs– Email Jasmine Parker at jparker@apwuhp.com

Health Fairs - Know your Region!



Western Region

Central Region

Eastern Region

Local Region

Registration For Your Region:

Central and Western

CENTRAL REGION SCAN

WESTERN REGION SCAN

Registration For Your Region:

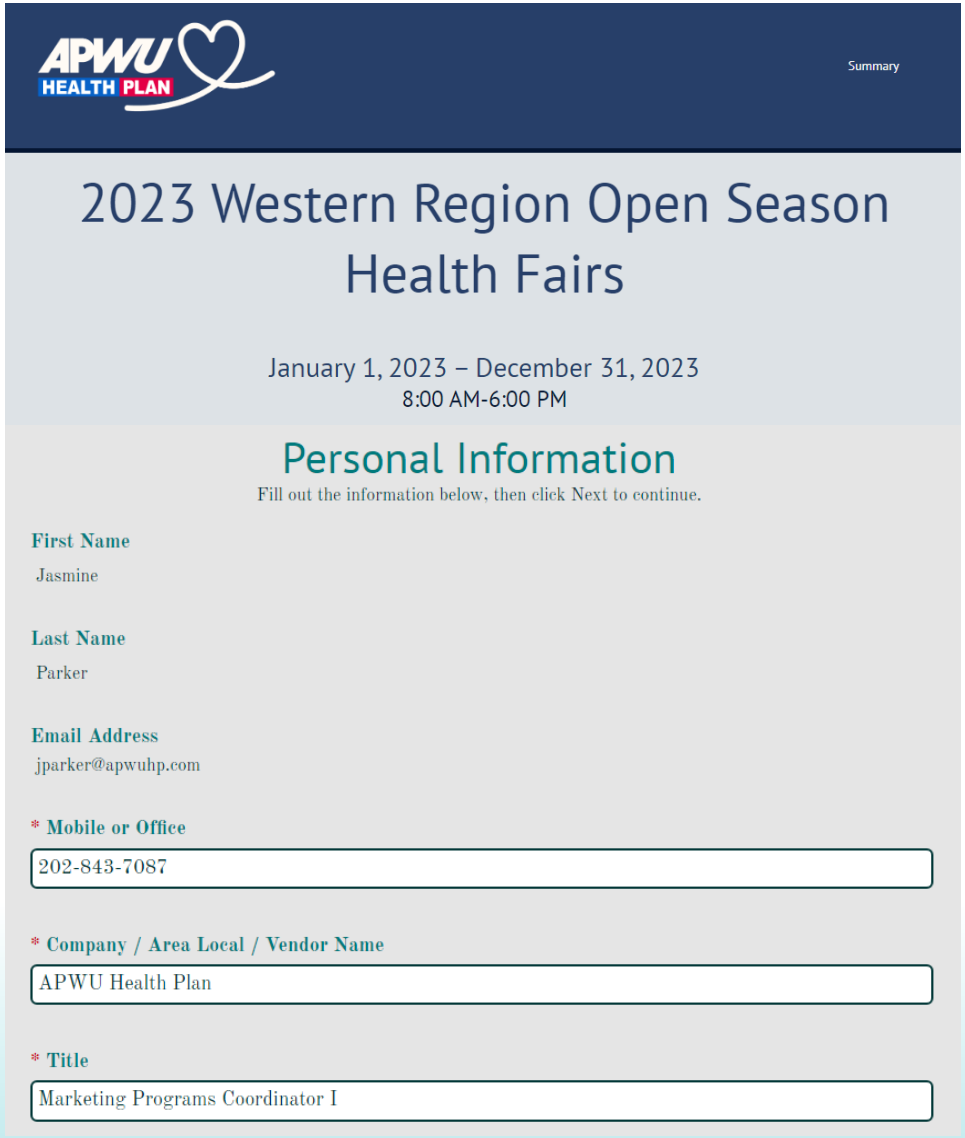
Eastern and Local





Cvent Registration: Personal Information

- Register every year
- Contact Information
  - Company
  - Title



Cvent Registration: Registration Types



- Health Plan Representative
- Vendor Staff
- Health Plan Staff

Cvent Registration: Health Fair Selection



- Health Fair Information:
  - Date/Time of Event
  - Point of Contact Information
  - Location
  - Security Measures
  - Capacity

Cvent Registration: Summary



Registration Summary

Review your registration information below

Jasmine Parker
jparker@apwuhp.com

Mobile or Office
202-843-7087

Company / Area Local / Vendor Name
APWU Health Plan

Title
Marketing Programs Coordinator I

Agenda

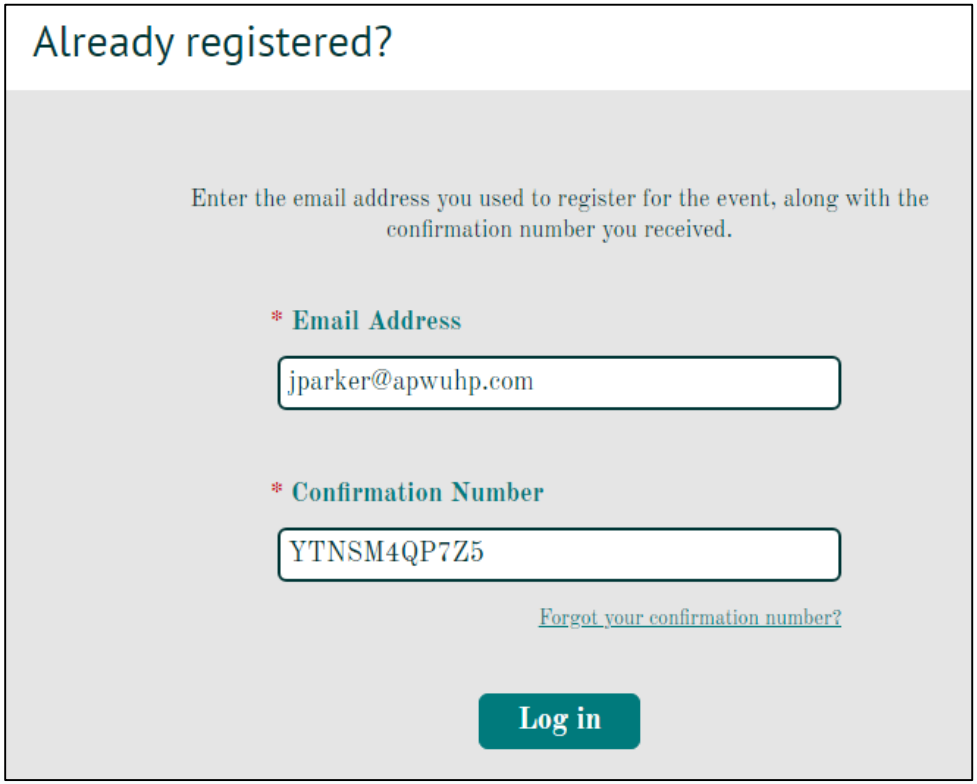
Item	Date
Admission Item	
Event Registration	
Sessions	
HHS Bethesda MD (Virtual)	11/16/23, 1:10 AM - 11/16/23, 11:30 AM

- Registration Review

Cvent Registration: Confirmation



Modifying Your Agenda - Selecting/Deselecting Health Fairs



- Select 'Already Registered'
- Email address/ confirmation number
- Find Health Fair:
  - Register/unregister
- Complete Registration with modifications

Selecting Health Fairs: Policies and Procedures

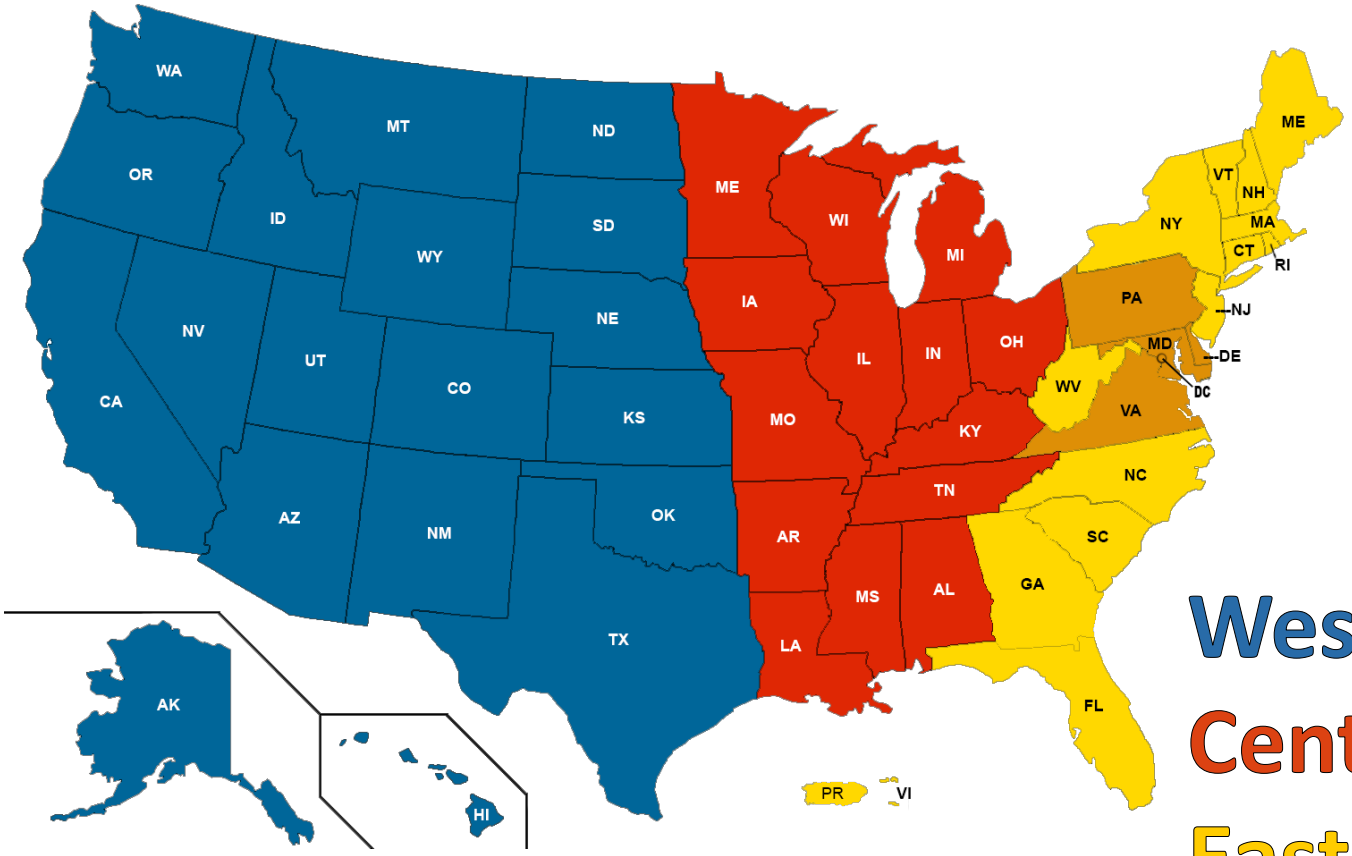
- Contact the agency's POC and copy (cc) the Regional Coordinator
- Complete all paperwork that may be required for security clearance *(if required by the agency)*.
  - Once you've selected HF and confirmed attendance, Jasmine Parker or Lynn Wilson will send you security forms, if needed.
- Shipment of materials

(continued on next slide)

Selecting Health Fairs: Policies and Procedures

- Contact the Agency 3 days prior to your Health Fair. If arrival of the materials cannot be verified, please contact your Regional Coordinator to get the tracking information.
- Once your Health Fair is over, please fill out LWOP and our APWU Health Plan Debriefing Form and email it to your Regional Coordinator.

Know your Region!



Western Region

Central Region

Eastern Region

Local Region

Registration For Your Region:

Central and Western





Registration For Your Region:

Eastern and Local





Health Benefit Fairs

- In 2022 we attended more Health Fairs, as agencies are beginning to re-open.
- Criteria for Health Fairs
  - Size of Health Fair
  - Resources availability
  - Established attendance benchmark
- Health Fairs attended in 2022, in person: **192**

Health Fair Results

- 2022-2023 Open Season Results:

Local Region	Eastern Region	Central Region	Western Region	Virtual Health Fair Attendees
61 Health Fairs 48 attended	36 Health Fairs 18 attended	96 Health Fairs 45 attended	160 Health Fairs 81 attended	10 Virtual Health Fairs 168 attendees

- 2023-2024 Open Season Results:

Local Region	Eastern Region	Central Region	Western Region	Virtual Health Fair Attendees
65 Health Fairs 40 staffed	52 Health Fairs 20 staffed	116 Health Fairs 32 staffed	308 health fairs 48 staffed	8 Virtual Health Fairs 8 staffed



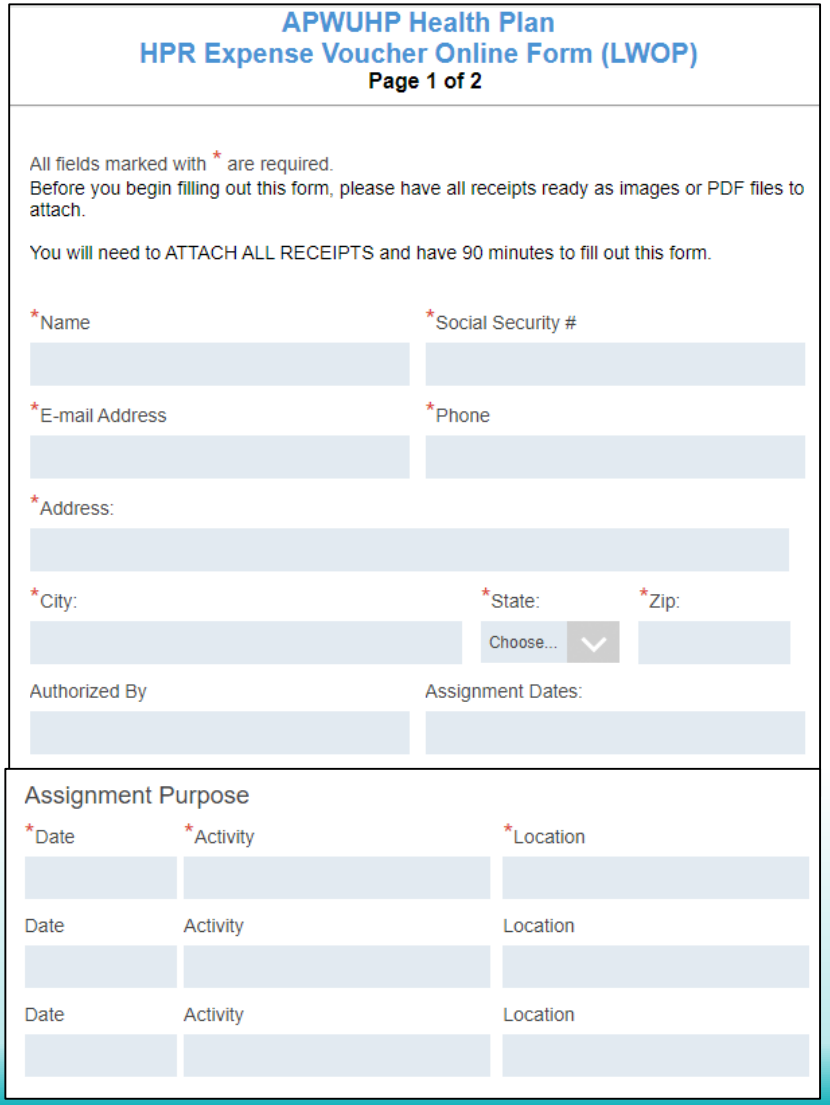
APWU HEALTH PLAN

38th Annual Open Season Seminar

Leave Without Pay (LWOP) Program

- Once the HPRs assignments for Open Season have been approved to attend, they will complete an LWOP and Expense Voucher Form
  - These must be completed and submitted to the APWU Health Plan after completion of an assignment.
- Local Reimbursement
  - Submit to HP
  - Will reimburse the local in full for lost time and wages.

HPR Expense Voucher (LWOP) Online Form



APWUHP Health Plan
HPR Expense Voucher Online Form (LWOP)
Page 1 of 2

All fields marked with * are required.
Before you begin filling out this form, please have all receipts ready as images or PDF files to attach.

You will need to ATTACH ALL RECEIPTS and have 90 minutes to fill out this form.

*Name | *Social Security #

*E-mail Address | *Phone

*Address:

*City: | *State: Choose... | *Zip:

Authorized By | Assignment Dates:

Assignment Purpose

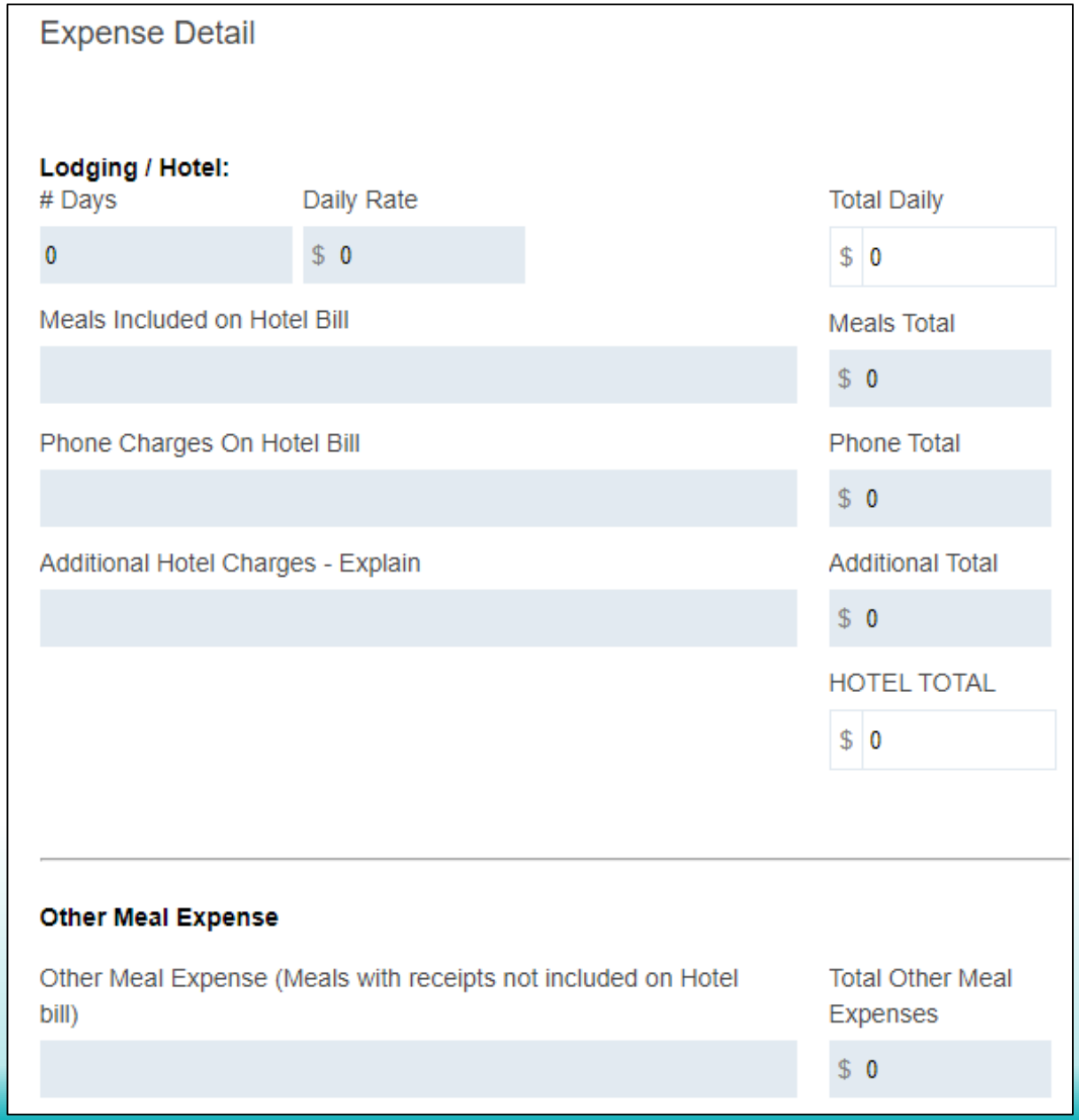
*Date | *Activity | *Location

Date | Activity | Location

Date | Activity | Location

- How to submit:
  - Electronic: MedForward *(can be found on HPR webpage)*
  - Email: jparker@apwuhp.com
  - Print and mail Forms via USPS
- Sections:
  - Personal Info
  - Assignment Purpose
  - Expense Detail
  - Transportation
  - Miscellaneous Expenses
  - Health Fair Assignment
- **HPR Retiree Hourly Rate: $22.00**

HPR Expense Voucher (LWOP) Form



Expense Detail

Lodging / Hotel:

# Days	Daily Rate	Total Daily
0	$ 0	$ 0

Meals Included on Hotel Bill

Meals Total: $ 0

Phone Charges On Hotel Bill

Phone Total: $ 0

Additional Hotel Charges - Explain

Additional Total: $ 0

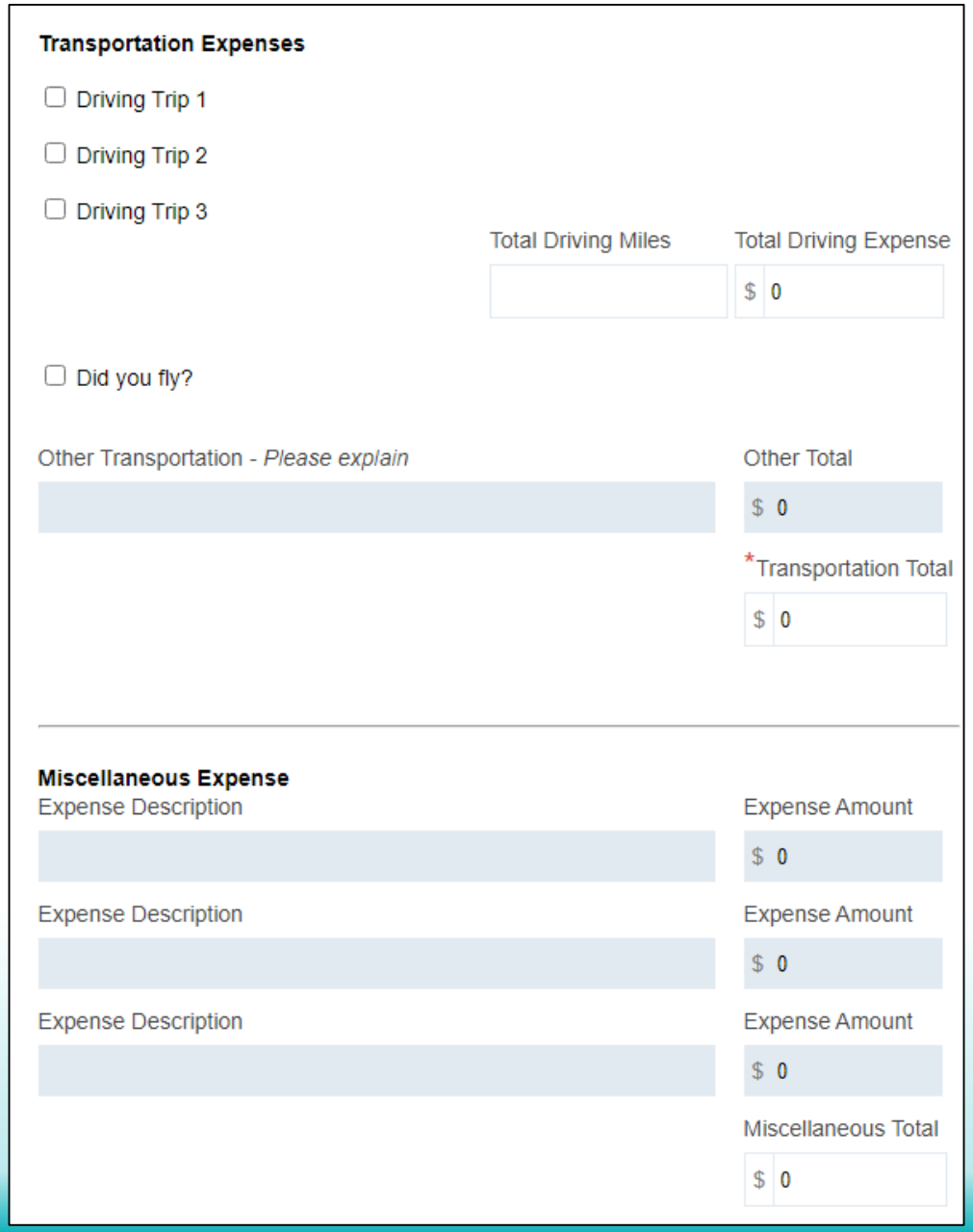
HOTEL TOTAL: $ 0

Other Meal Expense

Other Meal Expense (Meals with receipts not included on Hotel bill)

Total Other Meal Expenses: $ 0

HPR Expense Voucher (LWOP) Form



Transportation Expenses

- [ ] Driving Trip 1
- [ ] Driving Trip 2
- [ ] Driving Trip 3

Total Driving Miles

Total Driving Expense

$ 0

- [ ] Did you fly?

Other Transportation - *Please explain*

Other Total

$ 0

*Transportation Total

$ 0

Miscellaneous Expense

Expense Description

Expense Amount

$ 0

Expense Description

Expense Amount

$ 0

Expense Description

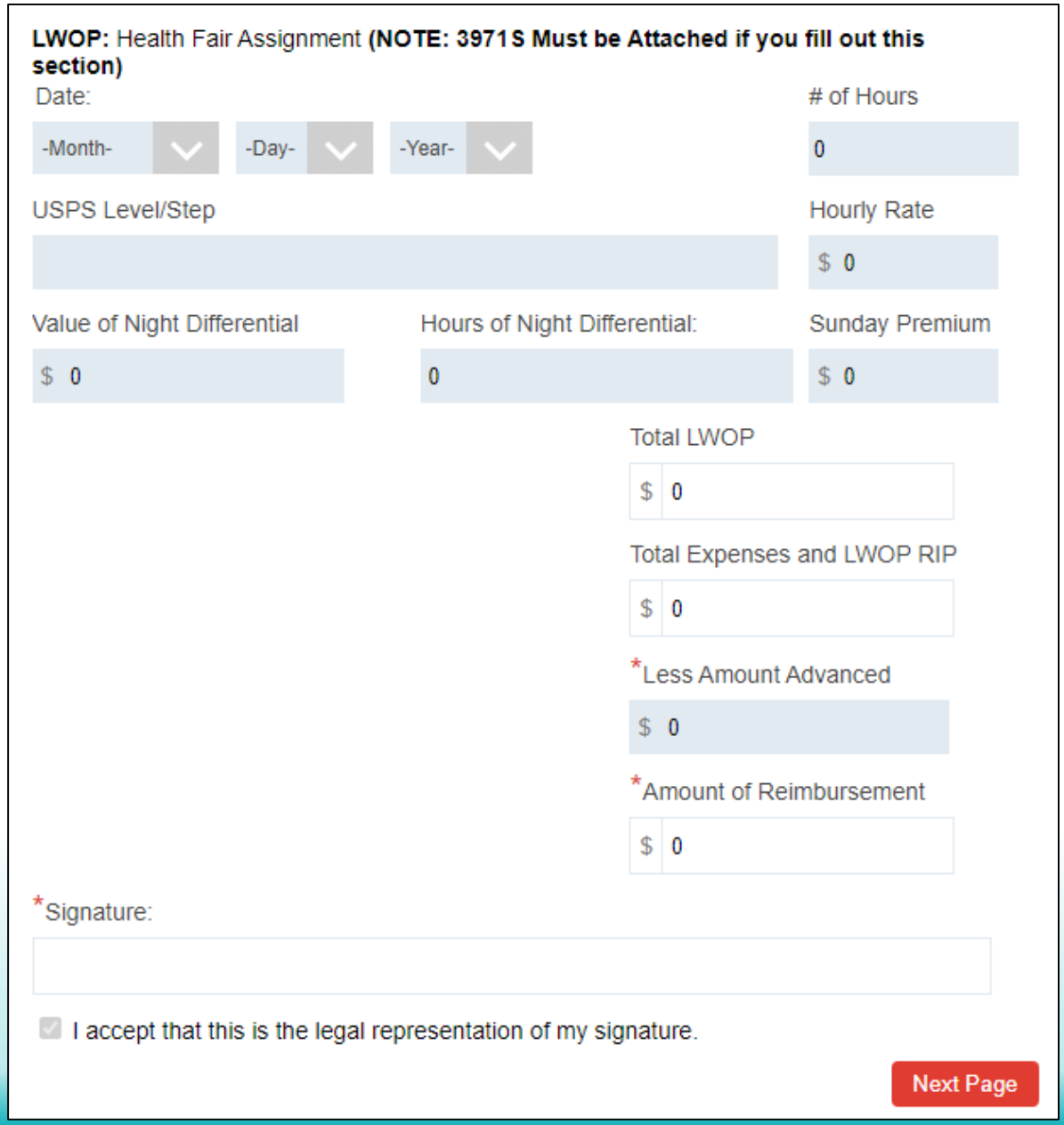
Expense Amount

$ 0

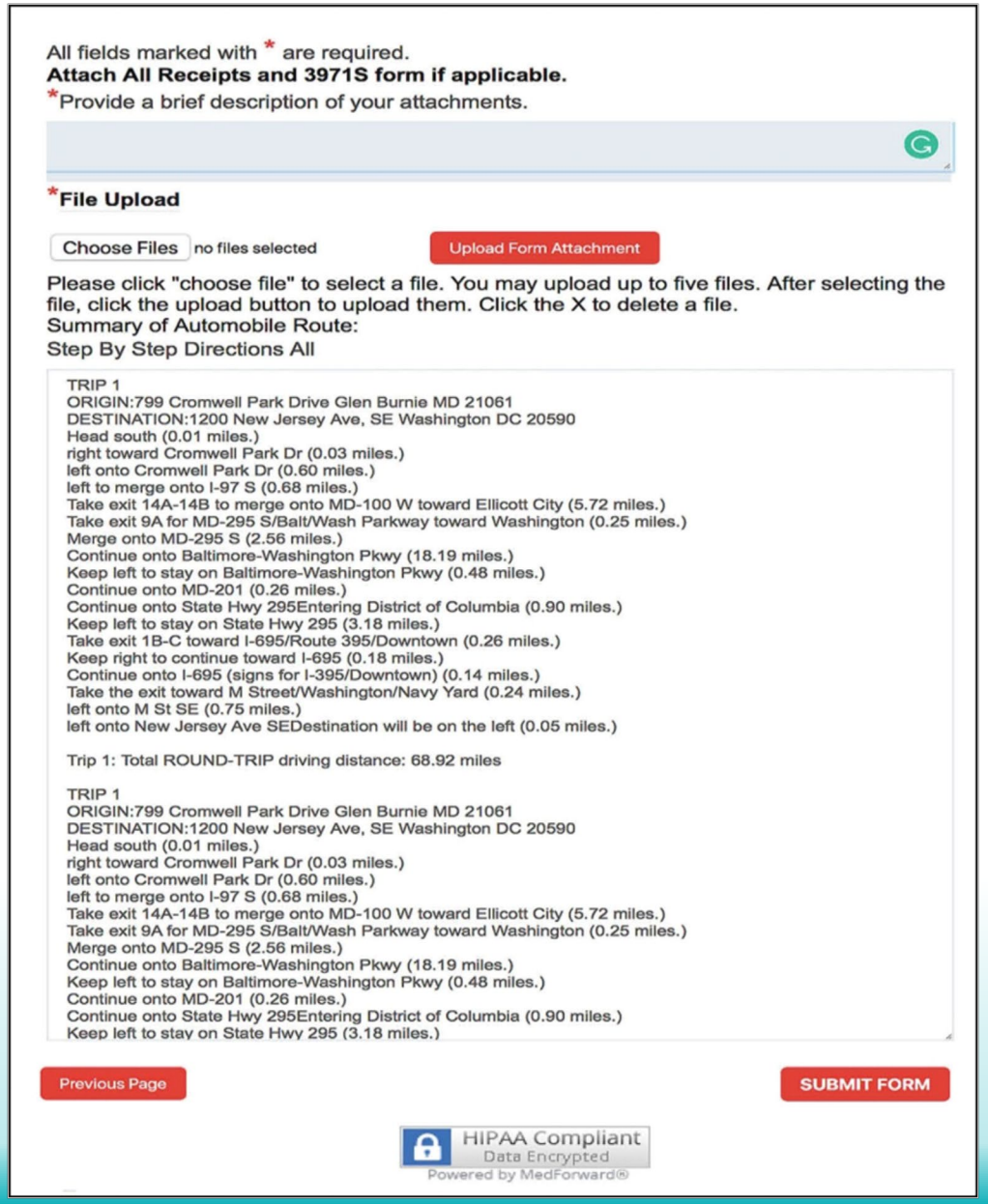
Miscellaneous Total

$ 0

HPR Expense Voucher (LWOP) Form



HPR Expense Voucher (LWOP) Online Form


All fields marked with * are required.
Attach All Receipts and 3971S form if applicable.
*Provide a brief description of your attachments.

*File Upload

Choose Files no files selected Upload Form Attachment

Please click "choose file" to select a file. You may upload up to five files. After selecting the file, click the upload button to upload them. Click the X to delete a file.
Summary of Automobile Route:
Step By Step Directions All

TRIP 1
ORIGIN:799 Cromwell Park Drive Glen Burnie MD 21061
DESTINATION:1200 New Jersey Ave, SE Washington DC 20590
Head south (0.01 miles.)
right toward Cromwell Park Dr (0.03 miles.)
left onto Cromwell Park Dr (0.60 miles.)
left to merge onto I-97 S (0.68 miles.)
Take exit 14A-14B to merge onto MD-100 W toward Ellicott City (5.72 miles.)
Take exit 9A for MD-295 S/Balt/Wash Parkway toward Washington (0.25 miles.)
Merge onto MD-295 S (2.56 miles.)
Continue onto Baltimore-Washington Pkwy (18.19 miles.)
Keep left to stay on Baltimore-Washington Pkwy (0.48 miles.)
Continue onto MD-201 (0.26 miles.)
Continue onto State Hwy 295Entering District of Columbia (0.90 miles.)
Keep left to stay on State Hwy 295 (3.18 miles.)
Take exit 1B-C toward I-695/Route 395/Downtown (0.26 miles.)
Keep right to continue toward I-695 (0.18 miles.)
Continue onto I-695 (signs for I-395/Downtown) (0.14 miles.)
Take the exit toward M Street/Washington/Navy Yard (0.24 miles.)
left onto M St SE (0.75 miles.)
left onto New Jersey Ave SEDestination will be on the left (0.05 miles.)

Trip 1: Total ROUND-TRIP driving distance: 68.92 miles

TRIP 1
ORIGIN:799 Cromwell Park Drive Glen Burnie MD 21061
DESTINATION:1200 New Jersey Ave, SE Washington DC 20590
Head south (0.01 miles.)
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Previous Page SUBMIT FORM

HIPAA Compliant
Data Encrypted
Powered by MedForward®

Meal Expense Reimbursement

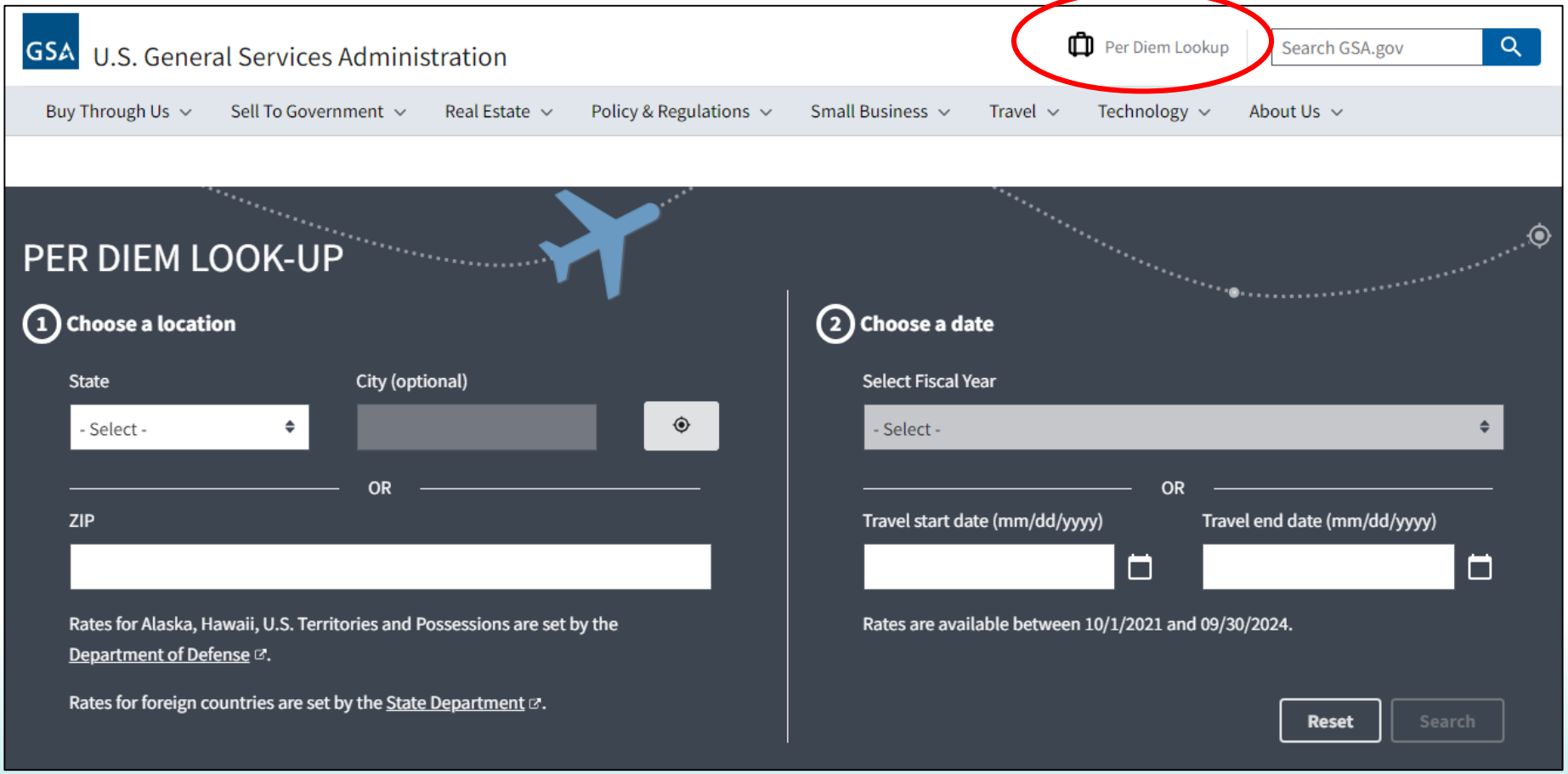
- Staffers will be reimbursed 75% of the meal and incidental rate for the state/county in which the event takes place.
- To qualify for this reimbursement, the event(s) scheduled must have a time span of 6 hours or more.
  - Example: You must have a scheduled health fair equaling up to 6+ hours, and/or multiple health fairs equaling up to 6 hours, or more, for that day. *(See www.GSA.gov for the meal and incidental total breakdown)*

NOTE: This is subject to change based on your city and state.

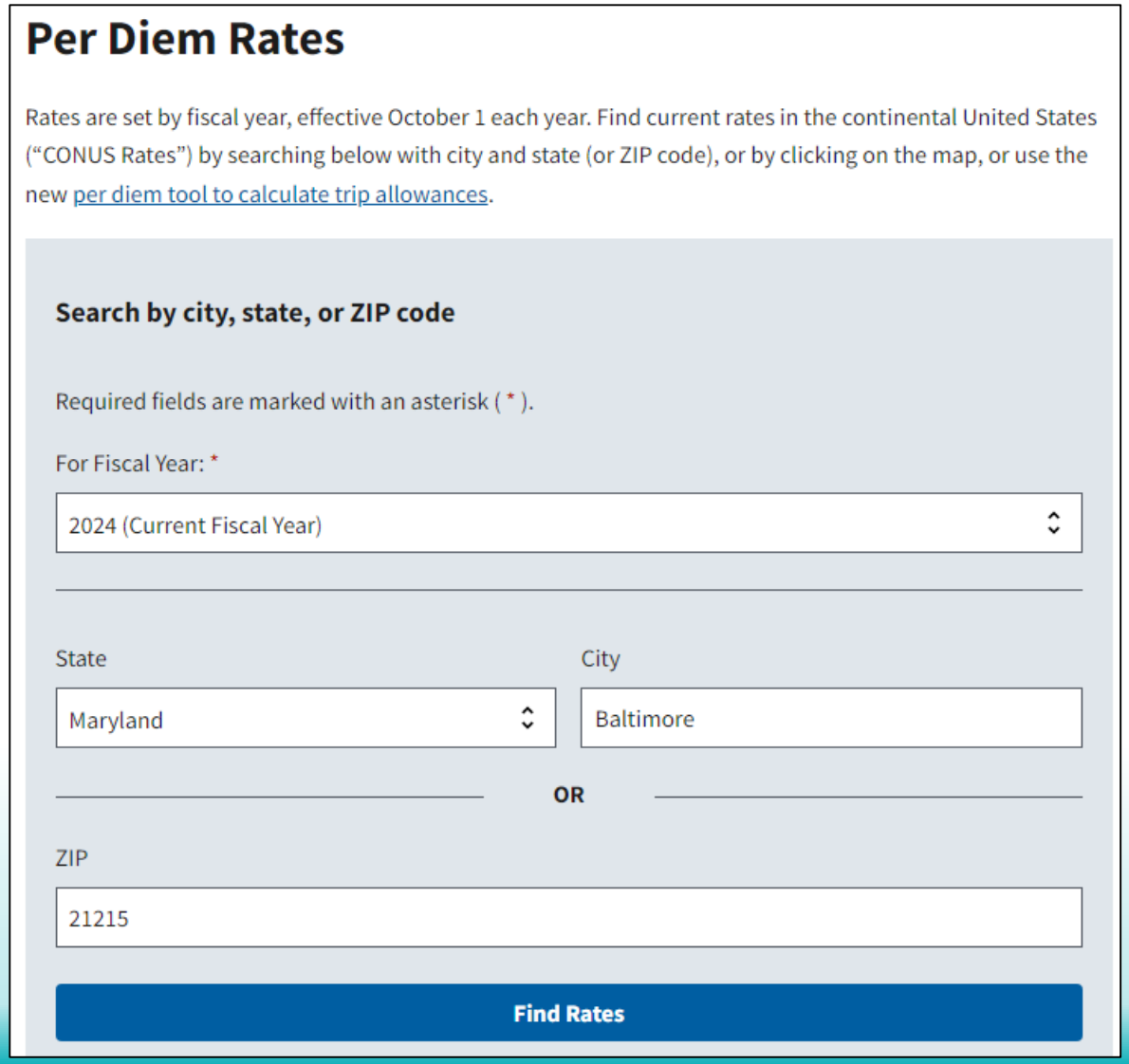
The M&IE total and breakdown table lists the full daily amount federal employees receive for a single calendar day of travel when that day is neither the first nor last day of travel.

Meal Expense Reimbursement

- www.GSA.gov - Click Per Diem Lookup



Meals and Incidentals (M&IE) Breakdown:



Transportation and Miscellaneous Reimbursement

- 2023-2024 IRS mileage rate: **$.625** per mile
  - APWU Health Plan will reimburse the going IRS rate per mile for actual mileage driven *(reimbursement will not exceed the total airfare cost)*.
- Full reimbursement is allowed for all reasonable transportation expenses incurred as a result of your assignment.
- The APWU Health Plan will reimburse the current IRS rate (per mile) for actual mileage driven.
- Make sure the starting location and assignment destination on the “From/To” lines are complete.

Miscellaneous Expenses

- Expenses include:
  - Uber/Lyft/Taxi Services
  - Parking or other valid expenses
  - Always include a complete explanation of the charge(s) and attach original receipts
  - In some instances (i.e., subway expenses, meal receipts, etc.) where original receipts cannot be obtained, please provide detailed justification of the expense(s).

Section 2 of LWOP

- USPS Level/Step
- # Hours of Night Differential
- Travel Expenses *(mileage/transportation/parking)*
- Per Diem/Miscellaneous Expenses

LWOP: Health Fair Assignment **(NOTE: 3971S MUST BE ATTACHED)**

Date:		# of Hours:	
USPS Level/Step:		Hourly Rate:	
# Hours of Night Differential:		Sunday Premium:	$
HPR Retiree Rate:	$22.00		
# of Hours:			

TOTAL LWOP: $

TOTAL TRAVEL EXPENSES: $

TOTAL PER DIEM EXPENSES: $

AMOUNT OF REIMBURSEMENT: $

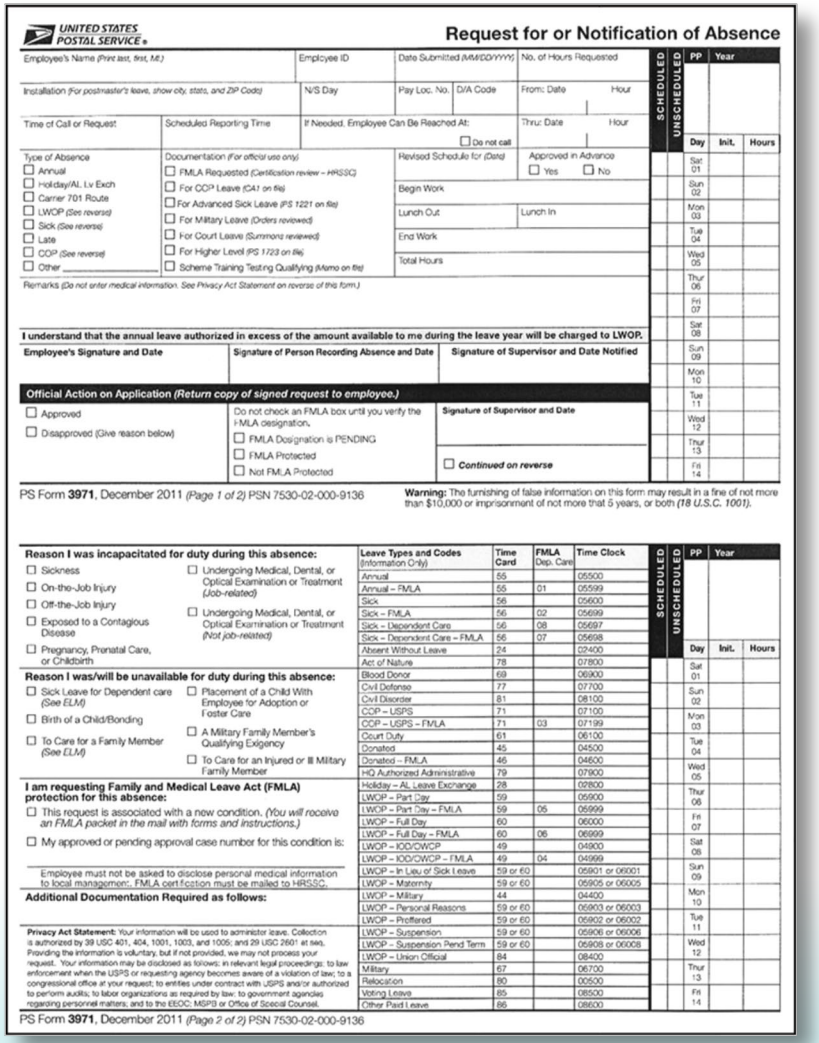
Signature

MKT 003 (06/23)

3971 and 1099 Form

- **3971**
  - Completed 3971 Form will need to be approved and signed by a Supervisor.

NOTE: If you are not scheduled to work on the day you have a Health Fair, please email Jasmine Parker, notifying her that you were off work on the days you have an event and will not be submitting a 3971 Form (this is for auditing purposes).



UNITED STATES POSTAL SERVICE

Request for or Notification of Absence

Employee's Name (Print last, first, MI.) | Employee ID | Date Submitted (MM/DD/YYYY) | No. of Hours Requested

Installation (For postmaster's leave, show city, state, and ZIP Code) | N/S Day | Pay Loc. No. | D/A Code | From: Date Hour | Thru: Date Hour

Time of Call or Request | Scheduled Reporting Time | If Needed, Employee Can Be Reached At: ☐ Do not call

Type of Absence: ☐ Annual ☐ Holiday/AL Lv Exch ☐ Carrier 701 Route ☐ LWOP (See reverse) ☐ Sick (See reverse) ☐ Late ☐ COP (See reverse) ☐ Other

Documentation (For official use only): ☐ FMLA Requested (Certification review – HRSSC) ☐ For COP Leave (CA1 on file) ☐ For Advanced Sick Leave (PS 1221 on file) ☐ For Military Leave (Orders reviewed) ☐ For Court Leave (Summons reviewed) ☐ For Higher Level (PS 1723 on file) ☐ Scheme Training Testing Qualifying (Memo on file)

Revised Schedule for (Date) | Approved in Advance ☐ Yes ☐ No

Begin Work | Lunch Out | Lunch In | End Work | Total Hours

Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)

I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.

Employee's Signature and Date | Signature of Person Recording Absence and Date | Signature of Supervisor and Date Notified

Official Action on Application *(Return copy of signed request to employee.)*

☐ Approved ☐ Disapproved (Give reason below)

Do not check an FMLA box until you verify the FMLA designation. ☐ FMLA Designation is PENDING ☐ FMLA Protected ☐ Not FMLA Protected

Signature of Supervisor and Date ☐ Continued on reverse

SCHEDULED ☐ UNSCHEDULED ☐

PP	Year		
Day	Init.	Hours
Sat 01		
Sun 02		
Mon 03		
Tue 04		
Wed 05		
Thur 06		
Fri 07		
Sat 08		
Sun 09		
Mon 10		
Tue 11		
Wed 12		
Thur 13		
Fri 14		

PS Form **3971**, December 2011 *(Page 1 of 2)* PSN 7530-02-000-9136

Warning: The furnishing of false information on this form may result in a fine of not more than $10,000 or imprisonment of not more that 5 years, or both *(18 U.S.C. 1001)*.

Reason I was incapacitated for duty during this absence:

☐ Sickness ☐ On-the-Job Injury ☐ Off-the-Job Injury ☐ Exposed to a Contagious Disease ☐ Pregnancy, Prenatal Care, or Childbirth ☐ Undergoing Medical, Dental, or Optical Examination or Treatment *(Job-related)* ☐ Undergoing Medical, Dental, or Optical Examination or Treatment *(Not job-related)*

Reason I was/will be unavailable for duty during this absence:

☐ Sick Leave for Dependent care *(See ELM)* ☐ Birth of a Child/Bonding ☐ To Care for a Family Member *(See ELM)* ☐ Placement of a Child With Employee for Adoption or Foster Care ☐ A Military Family Member's Qualifying Exigency ☐ To Care for an Injured or Ill Military Family Member

I am requesting Family and Medical Leave Act (FMLA) protection for this absence:

☐ This request is associated with a new condition. *(You will receive an FMLA packet in the mail with forms and instructions.)*

☐ My approved or pending approval case number for this condition is:

Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.

Additional Documentation Required as follows:

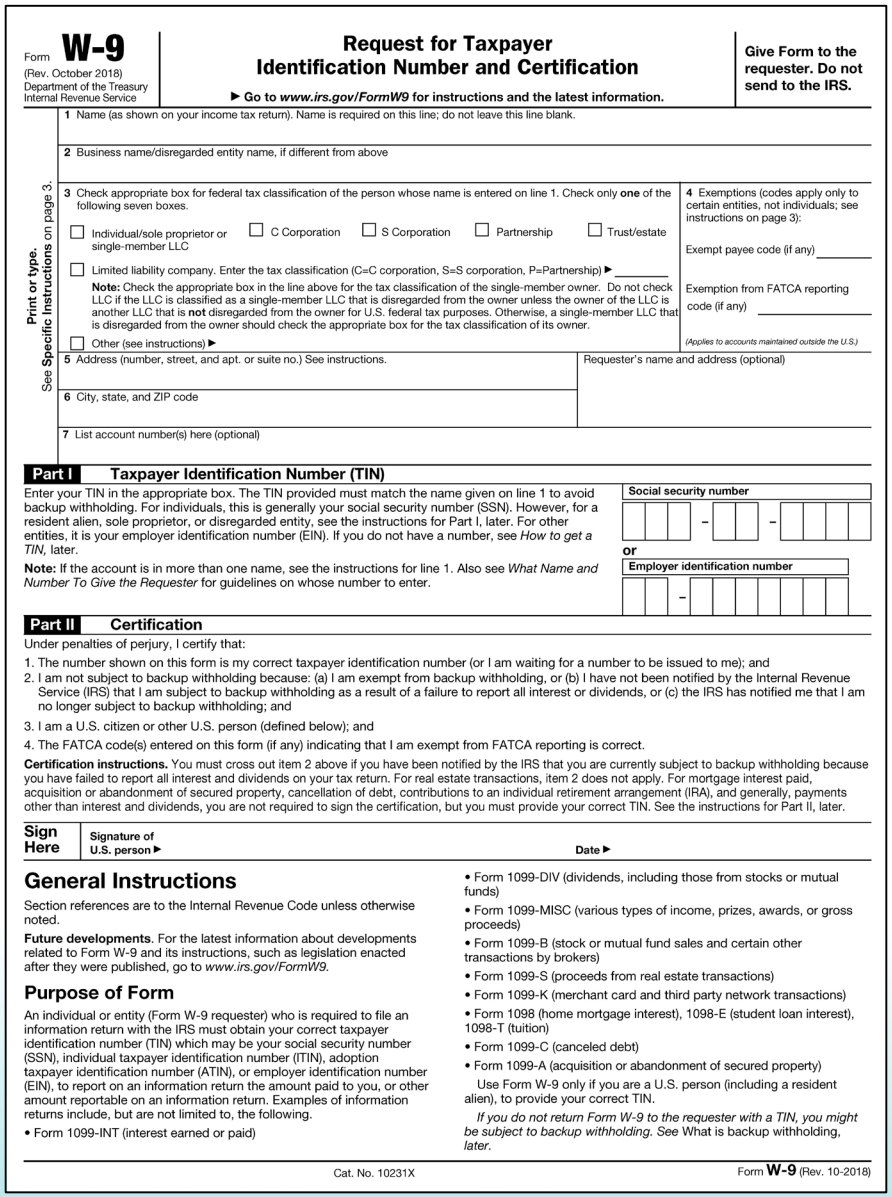
Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 2601 et seq. Providing the information is voluntary, but if not provided, we may not process your request. Your information may be disclosed as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; to labor organizations as required by law; to government agencies regarding personnel matters; and to the EEOC, MSPB or Office of Special Counsel.

Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock
Annual	55		05500
Annual – FMLA	55	01	05599
Sick	56		05600
Sick – FMLA	56	02	05699
Sick – Dependent Care	56	08	05697
Sick – Dependent Care – FMLA	56	07	05698
Absent Without Leave	24		02400
Act of Nature	78		07800
Blood Donor	69		06900
Civil Defense	77		07700
Civil Disorder	81		08100
COP – USPS	71		07100
COP – USPS – FMLA	71	03	07199
Court Duty	61		06100
Donated	45		04500
Donated – FMLA	46		04600
HQ Authorized Administrative	79		07900
Holiday – AL Leave Exchange	28		02800
LWOP – Part Day	59		05900
LWOP – Part Day – FMLA	59	05	05999
LWOP – Full Day	60		06000
LWOP – Full Day – FMLA	60	06	06999
LWOP – IOD/CWCP	49		04900
LWOP – IOD/CWCP – FMLA	49	04	04999
LWOP – In Lieu of Sick Leave	59 or 60		05901 or 06001
LWOP – Maternity	59 or 60		05905 or 06005
LWOP – Military	44		04400
LWOP – Personal Reasons	59 or 60		05903 or 06003
LWOP – Proffered	59 or 60		05902 or 06002
LWOP – Suspension	59 or 60		05906 or 06006
LWOP – Suspension Pend Term	59 or 60		05908 or 06008
LWOP – Union Official	84		08400
Military	67		06700
Relocation	90		00500
Voting Leave	85		08500
Other Paid Leave	86		08600

PS Form **3971**, December 2011 *(Page 2 of 2)* PSN 7530-02-000-9136

3971 and 1099 Form

- **1099**
  - 1099s are triggered when LWOP and expenses total $600 or more, in a calendar year.
  - HPRs will be mailed a 1099 Form from the APWU Health Plan to the mailing address we have on file.
  - *Finance Department



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ - ___ - ____

or

Employer identification number

__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

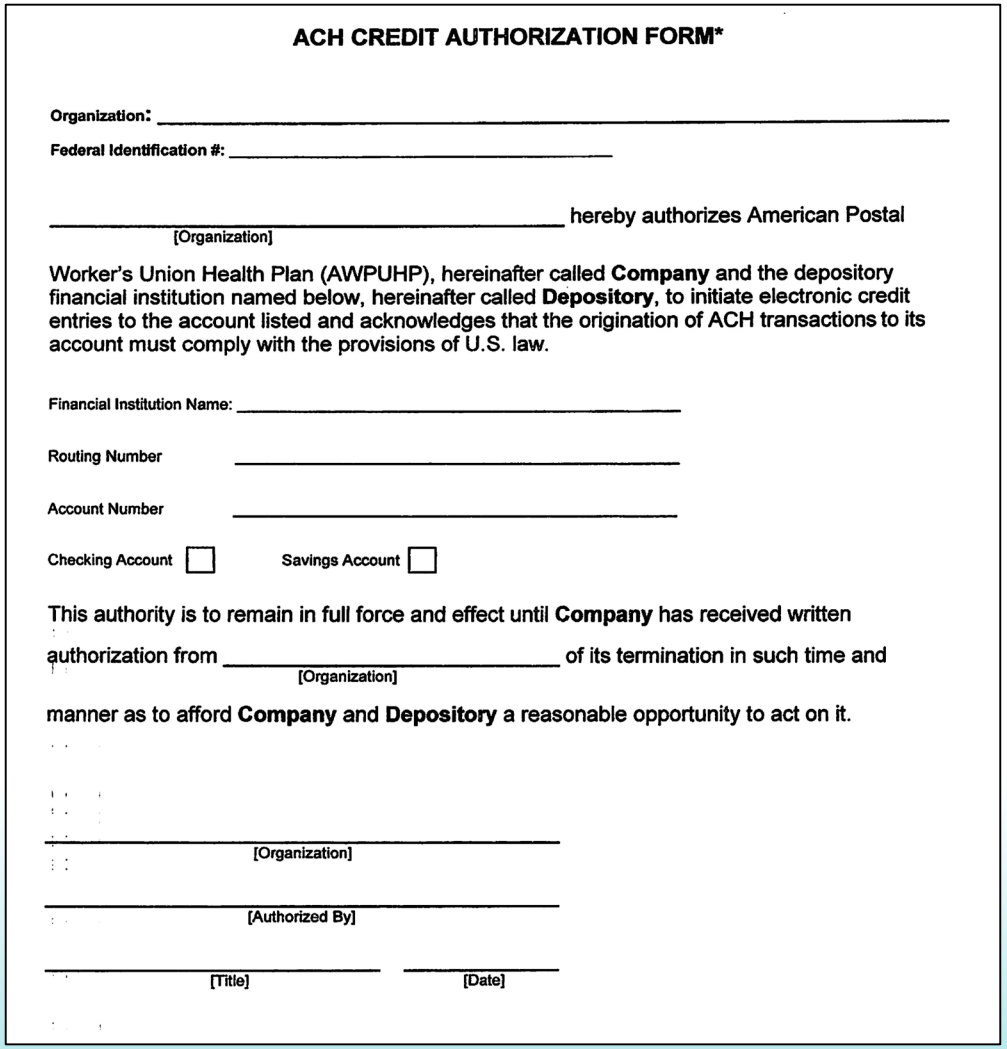
Direct Deposit

- If you would like payment made to you through Electronic Funds Transfer (EFT):
  - Complete the ACH Form found on our HPR page at www.apwuhp.com
  - Print a copy and attach this Form after your initial assignment.
    - Any payments will be Direct-Deposited into your account.

NOTE: If you are already set-up with Direct Deposit and your banking info has changed, please re-submit the EFT information to payables, PAYABLES@apwuhp.com and notify Jasmine Parker that is was sent, prior to your initial assignment.

Direct Deposit

- ACH Credit Authorization Form for Direct Deposit:
  - On our HPR page at www.apwuhp.com



ACH CREDIT AUTHORIZATION FORM*

Organization: _____

Federal Identification #: _____

_____ hereby authorizes American Postal
[Organization]

Worker's Union Health Plan (AWPUHP), hereinafter called **Company** and the depository financial institution named below, hereinafter called **Depository**, to initiate electronic credit entries to the account listed and acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number _____

Account Number _____

Checking Account ☐ **Savings Account** ☐

This authority is to remain in full force and effect until **Company** has received written authorization from _____ of its termination in such time and
[Organization]

manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

_____
[Organization]

_____
[Authorized By]

_____ _____
[Title] [Date]



APWU HEALTH PLAN

38th Annual Open Season Seminar

Ordering Health Plan Supplies

- The APWU Health Plan automatically sends a shipment of materials to all Locals prior to the start of Open Season
- The materials are marked: "**APWU Health Plan Open Season Materials – Open Immediately**"
  - Pre-emptive Shipment
  - Health Fair Shipment
  - Shipments On Demand
- APWU Locals planning a Health Fair can submit requests via email to jparker@apwuhp.com or Lwilson@apwuhp.com

(continued on next slide)

Ordering Health Plan Supplies

- Non-Open Season Supplies
  - Consider the items and quantities that were ordered in the past
  - Track the time it takes to exhaust your supplies, in order to determine the quantities you need for each item
  - Once the request is submitted, tracking numbers for the shipments will be sent to follow, as soon as they are available

(continued on next slide)

Ordering Health Plan Supplies

- Open Season Supplies
  - When ordering supplies for a Health Fair at a Postal or Federal facility, the order should not exceed **30%** of the total number of employees at the facility:
    - When submitting your order to the APWU Health Plan, be sure to include:
      - Date of Health Fair
      - Start and end time of Health Fair
      - Health Fair location
      - # of Postal Sales Kits needed for each Health Fair, which needs to arrive 3 weeks prior to the event

(continued on next slide)

Ordering Health Plan Supplies

- Open Season Supply order in writing:
  - You may address your written request to:

    APWU Health Plan

    Attention: Jasmine Parker, Marketing Programs Coordinator

    799 Cromwell Park Drive; Suites K-Z

    Glen Burnie, MD 21061

Member Referral Incentive Program (MRIP)

- **$25** American Express Gift Card
- Super easy to qualify! Qualifications:
  - Open to ALL HPRs who attended the 38th Annual Open Season Seminar
  - Positive engagement with potential members and individuals who are looking for a great health insurance carrier with affordable benefits and options.

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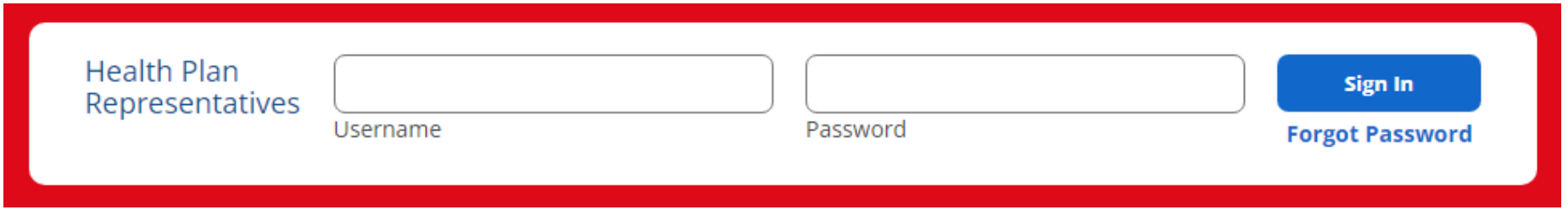
Member Referral Incentive Program (MRIP)

- How does MRIP work?
- All referrals should be submitted by March 31, 2024
- **LET'S INCREASE MEMBERSHIP TOGETHER!**

HPR Resources – HPR Portal

- **www.apwup.com**
- Scroll to the bottom of the homepage to sign into the HPR page
  - **Login: togetherbetterhealth**
    Password: APWU60HP



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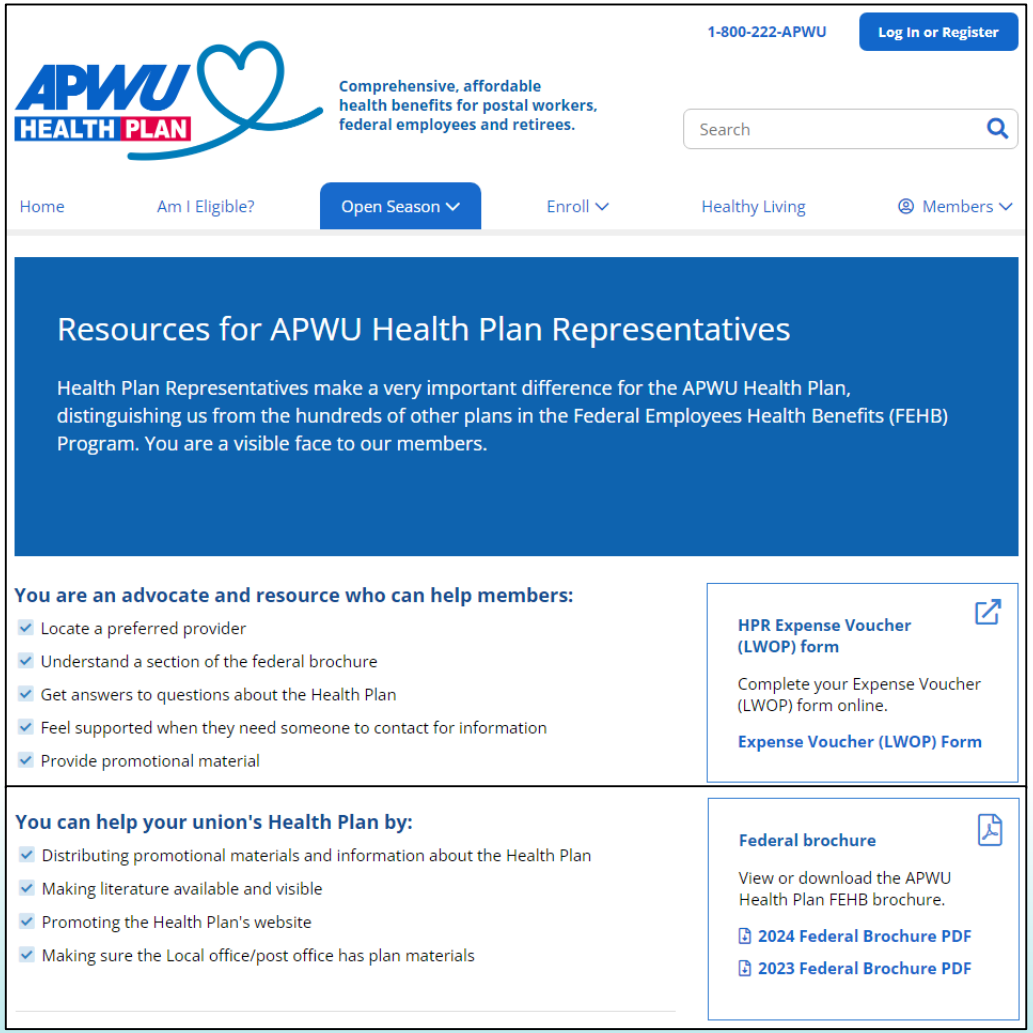
Inside the HPR Portal

- Resources:
  - Expense Voucher Form (LWOP)
  - EFT Form
  - Open Season Trainings
  - Promotional materials
  - Enrollment

WHAT THE PAGE WILL LOOK LIKE!



APWU Health Plan's Virtual Open Season Sessions

- **TUESDAYS**

November 7 - 3pm-5pm EST
Register: https://attendee.gotowebinar.com/register/6125959154946257497

November 14 - 12pm-2pm EST
Register: https://attendee.gotowebinar.com/register/8999442634185401693

November 21 - 12pm-2pm EST
Register: https://attendee.gotowebinar.com/register/3619793923244854106

November 28 - 12pm-2pm EST
Register: https://attendee.gotowebinar.com/register/2398106762413648985

December 5 - 12pm-2pm EST
Register: https://attendee.gotowebinar.com/register/5064370782723950172

Scan the QR code or visit https://www.apwuhp.com/virtual-open-season-health-fairs/



APWU Health Plan Support: Contact Information

- Regional Coordinator

  Jasmine Parker
  Program Coordinator and Regional Specialist
  (Eastern, Central, Western)
  410-424-1648
  jparker@apwuhp.com

  Lynn Wilson
  Local Regional Specialist
  (Maryland, Pennsylvania, Virginia, Washington, D.C.)
  410-424-1505
  LWilson@apwuhp.com

- Open Season Support

  Kenneth Williams
  Marketing Productions Specialist
  410-424-1504
  kwilliams@apwuhp.com

  Tracy Bouline
  Marketing Programs Coordinator II
  410-424-1540
  tbouline@apwuhp.com

HPR Hotline: 1-800-635-8476
Customer Service:
1-800-222-APWU (2798)
Director's Office:
director@apwuhp.com



APWU HEALTH PLAN

38th Annual Open Season Seminar

Questions for Closing Session

Email any questions to:
closingsessionquestions@apwuhp.com

You will receive an email following our Seminar with a link to fill out your class evaluations online.

Thank You!

APWU HEALTH PLAN
TOGETHER.
BETTER HEALTH.