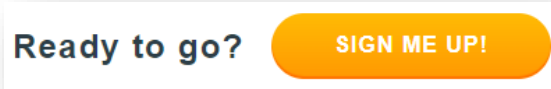
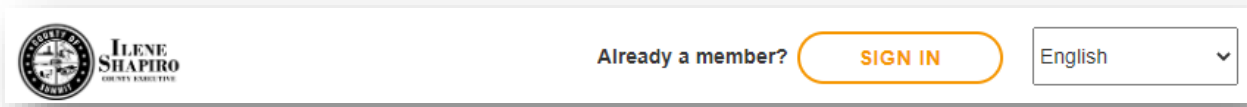




Directions on signing up and logging through [Virgin Pulse](https://join.virginpulse.com/Summit) (*join.virginpulse.com/Summit*):

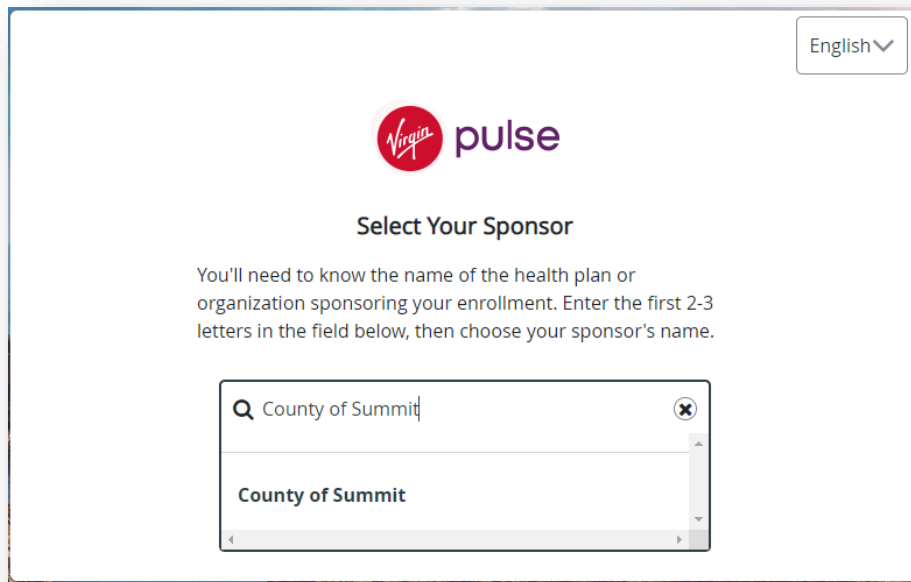
1. To Sign-Up or Login:

- Sign Me Up or Log into Virgin Pulse



- **SIGN ME UP:**

- Trying to find sponsor:
 - If you select, "Looking to Join", type in "County of Summit".



English ▾

ILENE SHAPIRO
COUNTY EXECUTIVE

Sign Up For Better Health

The steps are simple. We'll collect a little personal information to make sure you can use this benefit. Then you'll read and agree to the rules so you can move on to create your account.

Identify
We'll ask for a few personal details to see if you're approved to use this benefit.

Agree

Create

Finish

Tell Us Who You Are

We'll use this information to confirm that you're eligible to create an account.

My first name

My last name

My assigned sex at birth


My date of birth

My country/region

Already a member? [Sign In](#)


- The information you enter must match our benefit files.
- When creating your account, if prompted to use your Employee (8-digit number) ID.
 - i.e. 00000000
 - **EMPLOYEE ID:** 8-digits starting with "0's"
 - **SPOUSE/DOMESTIC PARTNER EMPLOYEE ID:** 8 digits starting with "0's" end with an "S"
- If unable to sign-up, please contact the [Virgin Pulse Customer Support](#) and/or your [Wellness Team](#).

○ **LOGGING IN:**


ILENE SHAPIRO
 COUNTY EXECUTIVE

USERNAME

[Forgot Username?](#)

PASSWORD 

[Forgot Password?](#)

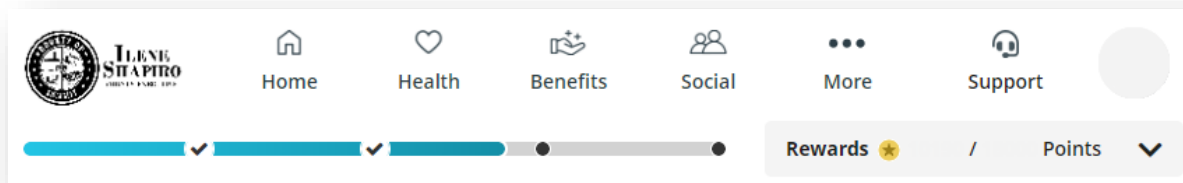
Remember My Username

SIGN IN

[Looking for how to join?](#)

- Use the Username and Password you created when signing up for Virgin Pulse.
- We suggest you contact the [Virgin Pulse Customer Support](#) if you have issues logging in. Our team is here to assist if you are not getting answers from Virgin Pulse.

1. Click on "Benefits", at the top, on the menu bar
 - Virgin Pulse has changed the platform slightly with hopes of making it easier for the end user. One of the changes made was the "Benefits" section, which used to be called "Programs". One of the functions we still have available under "Benefits" is "Search". Once you get into "Benefits", there is a "Search" function allowing you to find items like the PCP form or Wellbeats. This is on both platforms. There is a "View All"



2. You can select "Explore", "Saved", "View All" or the "Search" function to find what you need under Benefits.

BENEFITS

Explore

Saved

View all

Q Search

3. Choose what type of documentation you are submitting then click on "Start Now"



Annual Exam

Earn 400 points each year for completing one of the following (up to 3 maximum):

Mammogram, Pap Smear, PSA, or Colorectal Screening. Please submit proof of exam to Virign Pulse to get credit!

4. The options below are what you will see depending on your selection.

Annual Screenings

First Name *

Last Name *

Email Address *

Select option *

Date of Submission *

File Upload *

 No file chosen

Max File Size: 1.91mb | Accepted file types: .jpg, .jpeg, .JPG, .gif, .png, .pdf

*By clicking the box, I confirm that all of the information provided is correct and truthful.

SUBMIT

Flu Shots, Dental Exam, Vision Exam

First Name *

Last Name *

Email Address *

Options *

Date of Submission *

File Upload *

 No file chosen

Max File Size: 1.91mb | Accepted file types: .jpg, .jpeg, .JPG, .gif, .png, .pdf

*By clicking the box, I confirm that all of the information provided is correct and truthful.

SUBMIT

Running, Cycling, Triathlons

First Name *

Last Name *

Email Address *

Select option *
Ran/walked 3k or greater

Date of Submission *



File Upload *
Choose File No file chosen

Max File Size: 1.91mb | Accepted file types: .jpg, .jpeg, .JPG, .gif, .png, .pdf

*By clicking the box, I confirm that all of the information provided is correct and truthful.

SUBMIT

5. The PCP Form (Biometric Screenings)



PCP Form

To complete your PCP form, click here!

START NOW

HEALTH AND WELLNESS SCREENING FORMS

Welcome back

Please select the screening form you wish to download from the list below.

FORM
SUBMISSION
INSTRUCTIONS

UPLOAD FORM

Form Type	Download Form	Form Preview	Cover Letter
Biometric	DOWNLOAD	Virgin Pulse Preventative Care Incentive Form	----

Last 10 Uploaded Files

Name

Date

6. [Form](#)

- The form will have directions on "How to Submit".
- The form will be available to download. Employees must have the form completed and signed by your Physician then submitted through Virgin Pulse. We suggest you submit a month or two in advance before the last Quarter ends.

Program Year:

Event code

BIOCY

Sponsor ID

4512

Member number

VIRGIN PULSE PREVENTATIVE CARE INCENTIVE FORM

As part of the wellness program, you may submit a biometric screening attestation form signed by your physician by sending this completed form to Virgin Pulse. Once the form is loaded into the system, you will see this requirement marked Complete on your My Rewards page.

PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

Last Name

Employee

Spouse

Date of Birth mm / dd / yyyy

Employee ID

Email

Consent to use information. I, Participant, hereby authorize my provider to release any information within this form to Virgin Pulse, Inc. I understand that Virgin Pulse, Inc. will utilize this information solely for the purposes of administration of its wellness program and will dispose of this form in accordance with applicable law. My personal health data is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA, and will not be shared with County of Summit

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone

Date of Screening

Screenings valid

PATIENT INFORMATION

Height

Weight

Fasted for at least 8 hours?

 Yes No

METRICS:

BMI	<input type="text"/>	<input type="checkbox"/>	Blood Pressure	<input type="text"/>	<input type="checkbox"/>
Total Cholesterol	<input type="text"/>	<input type="checkbox"/>	Glucose	<input type="text"/>	<input type="checkbox"/>
HDL	<input type="text"/>	<input type="checkbox"/>	Triglycerides	<input type="text"/>	<input type="checkbox"/>
LDL	<input type="text"/>	<input type="checkbox"/>	Waist Circumference	<input type="text"/>	<input type="checkbox"/>
Body Fat	<input type="text"/>	<input type="checkbox"/>			
A1C	<input type="text"/>	<input type="checkbox"/>			

Healthcare Provider Name (please print)

Healthcare Provider Signature

Member Signature

Complete this form in full and submit by 12/11/2023. To submit your completed form, fax it to 401-735-5853, or you may upload it directly to your Virgin Pulse account. To upload, scan your completed form and upload it through the Virgin Pulse desktop or mobile site. Visit join.virginpulse.com/Summit, sign in and navigate to your Biometric Screening page to upload your form.