



## SUBMITTING ACTIVITIES and PCP FORMS

### LOG IN SCREENS:

personify<sup>™</sup>  
HEALTH

Welcome! [Create Account](#)

Email or username

[Forgot Username?](#)

[Continue](#)

Access is restricted to authorized users only.

COUNTY OF SUMMIT  
ILENE SHAPIRO  
COUNTY EXECUTIVE

Welcome! [Create Account](#)

Email or username

Username is required to Sign In.

[Forgot Username?](#)

[Continue](#)

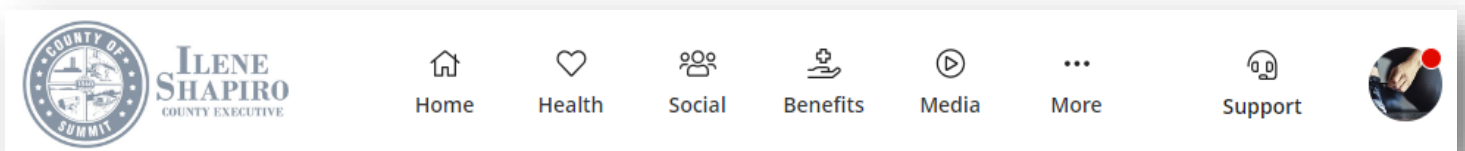
Access is restricted to authorized users only.

Use the Username and Password you created when signing up for Personify Health (previously Virgin Pulse).

We suggest you contact the [Personify Health Customer Support](#) if you have issues logging in, as our team is unable to handle these requests. If Personify Health has issues with finding your account, please let us know.

### SUBMITTING:

Select **Benefits** on your browser application.



Select "**View All**".

You will then select what you want to submit.



### 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!



### Flu Shot, Dental Exam, & Vision Exam

Earn 200 points each year for submitting proof of your Flu Shot, Dental Exam or Vision Exam! Proof of each exam must be submitted on Personify Health in order to get credit. You can receive 200 points for each exam.

### COVID-19 Vaccination

Staying Safe

Managing Illness, Injury & Pain

Earn 200 points for completing the COVID-19 vaccination. Proof of the vaccination must be submitted on Personify Health in order to get credit.

Select on the category you want to submit. Examples above.

Example of the submission page shown below. Be sure to complete in its entirety.

\*If you have a Blood Donation, please submit the proof of donation, along with your Employee ID to the Wellness Team.

### 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.



### PCP FORMS:

Select *Benefits* on your browser application.

Select "**View All**".

You will then select **PCP Form** and **Start Now**

[< Back](#)



## PCP Form

To complete your PCP form, click here!

Follow the instructions on the form submittal page.  
If you have any issues, please contact the [Wellness Team](#).

**Welcome back,**  
Please select the screening form you wish to download from the list below.

[INSTRUCTIONS](#) [UPLOAD FORM](#)

Form Type	Download Form	Form Preview	Cover Letter
Biometric	<a href="#">DOWNLOAD</a>	<a href="#">Personify Health Preventative Care Incentive Form</a>	----

**Last 10 Uploaded Files**

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Name	Date
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