Employee Name	Date of Birth / /
Dependent's Name	Date of Birth / /
Address	City, State / Zip
81_ _ _ _ _ _ _	
Employee ID# / Home Phone	Cell Phone / Work Phone

Additional Information:
Participation is open to employees and their dependents who are enrolled in a County-sponsored CIGNA medical plan.

If you are not within the specified age range of the service as of July 1st, indicate "NA" in date row or date box.

If a service is not medically indicated, obtain a written statement from your provider.

Take this passport with you to your provider's office. Have the provider sign and date the passport for the services received or that are documented in your medical record.

Submit your completed passport to the Employee Benefits Division. Upon completion and validation of all program requirements, employee will receive the following for each member of the family who completes the passport: $100/employee, $100/spouse, and $50/per dependent up to $500 per family maximum. This will be considered taxable income.

Certification:
In accordance with the privacy standards outlined in the Health Insurance Portability and Accountability Act (HIPAA), the information you provide will be kept confidential.

I certify that the information I have provided is accurate and complete. I understand that further documentation may be required as a result of a random audit, and that falsification of information may subject me to disciplinary action up to and including termination.

Signature

Business Strategies & Health Care Programs
Employee Benefits Division
P (602) 506-1010 - **F** (602) 506-2354
http://www.maricopa.gov/benefits

This publication is brought to you by the Employee Benefits Division. The criterion contained herein is subject to change. For the most current information, please refer to: http://www.maricopa.gov/benefits/passport.aspx

PASSPORT TO WELLNESS
BIRTH TO AGE 2

Your Itinerary to a Healthier Life

The following services are generally provided as preventive care.

Birth - Age 2

Well-Baby Exam	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months
Provider Initials:										
Date:										

Provider to sign when all age appropriate exams have been completed.

Provider Name (please print): Provider Signature: Provider Phone # :

Provider to initial and date each completed immunization

Immunizations	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months
Diphtheria, tetanus & acellular pertussis (DTaP)							15-18 months		
Haemophilus influenzae type b (Hib)*						12-15 months			
Measles, mumps & rubella (MMR)						12-15 months			
Varicella (chickenpox)						12-15 months			
Rotavirus**									
Poliovirus (IPV)					6-18 months				
Pneumococcal (Pneumonia)						12-15 months			
Hepatitis A (HepA)						12-23 months			
Hepatitis B (HepB)		1-2 months			6-18 months				
Influenza (flu)					Annually starting at 6 months				

Provider to sign when all age appropriate immunizations have been completed.

Provider Name (please print): Provider Signature: Provider Phone # :

*if PedvaxHIB® or Comvax® is administered at 2 and 4 months, a dose at 6 months is not indicated. TiHiBit® (DTaP/Hib) should not be used at ages 2, 4, or 6 months but can be used as the final dose in children 12 months or older.

** if Rotarix® administered at 2 and 4 months, a dose at 6 months is not indicated.