PEOPLEONE HEALTH

Additional Wellness Screening Form

ARHAUS your home

In addition to your annual physical exam with your primary care physician, there are several other preventive screenings you can complete to stay on top of your health. Recommended preventive screenings look different for everyone based on age and gender. These types of exams include:

- Mammogram
- Cervical Cancer Screening
- Dental Cleanings
- Vision Exam
- Dermatology Exam
- And more!

Complete the Age-Gender Screening Form and submit to your PeopleOne Health Portal to earn your tokens. This form is due by November 30, 2025

SECTION 1: PROVIDER ACKNOWLEDGMENT

Directions for Provider:

1. Please discuss the appropriate preventive care screenings for your patient's age, gender and health status. *Do not list any health risk factors, lab work numbers or other defining health information on this form.*
2. Check the box next to the applicable screenings discussed with your patient below. Sign the form acknowledging the applicable screenings.
3. Submit this form to your PeopleOne Health Portal by November 30, 2025.

Provider Acknowledgment: I confirm the above patient has completed a preventive care visit and I have discussed applicable screenings with my patient considering his/her age, gender and health status.

☐ Mammogram
☐ Pap Test
☐ Colonoscopy
☐ Prostate Exam
☐ Dermatology Exam
☐ Labs
☐ Dental Exams
☐ Other: ____________________

______________________________ Provider Signature

______________________________ Provider Name (Printed)

______________________________ Provider Office Address

SECTION 2: PATIENT SIGNATURE

Participant: I hereby certify that the information on this form is accurate to the best of my knowledge and I authorize this data to be provided to PeopleOne Health for the purpose of administering the sponsored wellness program. I authorize Arhaus Furniture, PeopleOne Health and/or other partners engaged in my health plan to conduct services in connection with the Program. Biometric measures are not required to participate in the Program. My results will be securely and confidentially handled by PeopleOne Health. I authorize the use and disclosure of my health and personal information for purposes of participation in the Program. I understand Arhaus Furniture may determine my incentives and/or rewards based on my participation in the Program. This Program is not a diagnostic tool; it does not provide, nor is it a substitute for, professional medical advice, diagnosis or treatment. The information provided by the Program is for educational purposes only and should not be interpreted as a diagnosis or as a recommendation for a specific treatment plan, product or course of action. This authorization will expire 12 months from the date of my new medical plan year or one year from date of this document, whichever is later. Refer to Arhaus Furniture for more information to determine the impact on your health plan payroll contributions, incentives and/or rewards. I understand that it is my responsibility to make sure PeopleOne Health receives my completed form.

______________________________ Participant Signature

______________________________ Participant Name (Printed)

Upon obtaining your primary care provider's signature, please sign and return this form to PeopleOne Health for confidential tracking. The validity of this form may be verified for authenticity. Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination. If you have any questions, please speak with your Human Resources representative.

Submit ALL completed forms to your PeopleOne Health portal (portal.peopleonehealth.com) by 11/30/2025. Do not return this form to your employer.