

Participant Instructions

You have the option to complete your wellness screening by visiting your healthcare provider! Follow the steps below:

1. Go to: empower.health

Returning Participants: If you previously created an account, sign in under "Welcome Back!"

New Participants: Complete "New User" fields and enter client code: **HoffmanEstatesEHS**

A verification email will be sent. Verify your email address to activate your account.

2. On the dashboard, click "Register" and select "Health Provider Form"

3. Complete the Empower Health Assessment™

Click "Begin Assessment" when prompted during registration or from the dashboard.

4. Download and print the Health Provider Form to bring to your healthcare provider

a. From the dashboard, click "Download Form" and verify your information in Section 1.

b. Your healthcare provider must complete Section 2 (REQUIRED).

c. Your physical exam/screening must take place on or after 07/01/25

Please note that EHS is not responsible for any costs associated with your physical exam/screening.

5. Return completed form before your program deadline: **03/31/26**

a. Completed forms will be processed within 5 days of receipt.

b. Your healthcare provider may return this form on your behalf, however, EHS recommends that you follow up with your provider to ensure the form is completed and returned prior to your program deadline.

c. Forms will be REJECTED if your exam does not fall within the noted date range, a required field is missing information, or if there is no participant signature. EHS will notify you by email if your form is missing required information, along with instructions on what to complete for resubmission.

Return Options

- **Upload** completed form by signing in to your empower.health account and select the "Upload Completed Form" button on the dashboard
- **Fax** completed form to 630.385.0156 • ATTN: HP Department
- **Mail** completed form to EHS HP Department • 495 N Commons Dr., Suite 100, Aurora, IL 60504

View Notice For Employer-Sponsored Wellness Programs [HERE](#)



Healthcare Provider Instructions

- Complete all required fields requested in Section 2.
- The form will be REJECTED by EHS and returned to the participant if required fields are not completed.
- Sign and complete office information.
- Return completed form to Empower Health Services on or before the deadline noted on this form.
- Contact EHS at 866.367.6974 if you have any questions or issues with completing or returning this form.

Health Provider Form MUST be returned by: 03/31/26