



Employee Corner

Video Tour of
FAULKNER COUNTY



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1. Login to the Health Insurance Website in the Employee Corner, or go to:

<https://www.trustmarkbenefits.com/health-benefits>

2. Click on the HealthCenter Tab



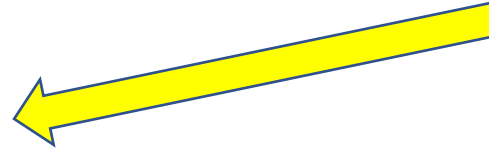
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Before you Begin



Before entering this site we suggest that you take time and read both the [Privacy Policy](#) and [Terms of Use](#) documents. By clicking the "Accept" link below, you are indicating your acceptance of both documents and registration will continue.



4. Click to go to the assessment page.

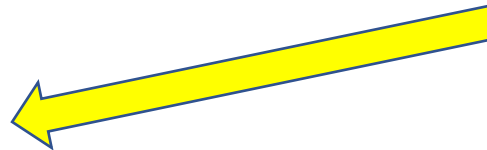
Biometric Screening Form (Health Care Provider Option)

Note: If your employer has not elected to offer this screening service please disregard.

This biometric screening option allows you the convenience of using your health care provider and having your biometrics reported to CoreSource and HealthFitness.

Simply schedule an adult preventive screening appointment with your health care provider, and have your health care provider complete and sign your "Authorization to Release Biometric Screening Information". Then fax, upload or mail the completed form to HealthFitness by your specific employer deadline. Your results will be processed within 10 business days after submitting your results.

If you would like to upload your completed form now, please do so here:



You can upload your completed documents here.

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INSIGHT® Health



INSIGHT® Health provides an opportunity to assess your health status and the lifestyle choices that influence your health and well-being. This comprehensive tool asks a series of questions covering smoking, safety, stress, nutrition, physical activity, prevention, and health history. INSIGHT Health also evaluates certain biometric measures, including weight, height, blood pressure, blood cholesterol, and blood glucose. A confidential, personalized report is automatically generated and provided to you using a secure internet protocol. Your report will include a summary of your results as well as suggested action plans and resources to help you better manage your health, behaviors and risks.

Congratulations on your decision to complete INSIGHT Health. It will take approximately 15 minutes. Please answer each question carefully.

[Click here to begin your INSIGHT® Health](#)

5. Click to begin Assessment

[Haga clic aquí para comenzar su Evaluación de la Salud](#)

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Health Risk Assessment – Use and Disclosure of Your Information

The following questionnaire is a comprehensive health risk assessment developed and maintained by Health Fitness Corporation ("HealthFitness"). It is based on current scientific guidelines for good health and is intended only for adults 18 years and older.

This assessment does not substitute for a physical examination or medical care by your doctor. Likewise, it may not address all of the health risks that could be of concern to you, especially if you have existing medical problems.

HealthFitness treats your personally identifiable health information as confidential.

The information you provide on INSIGHT Health will be used to:

- Generate a personalized health report for you.
- Generate a summary report so that your employer can understand the overall health strengths and health concerns of the group. Your individual responses cannot be identified in the summary report.
- Inform you about materials, programs and services that might be useful to you.

Your information may be provided to the following individuals or groups as appropriate:

- Authorized HealthFitness employees.
- Authorized individuals working for your employer or other third parties to the extent reasonably necessary for us to operate employer-sponsored programs in which you participate, provided the receiving party agrees to maintain the confidentiality of your information and information is used only for the purposes noted.
- Agents, successors, and assigned contractors who we use to support our business in connection with any programs sponsored by your employer in which you participate.
- Vendors, contractors and other third parties authorized to provide services and/or programs for your employer's health management plan.
- Those involved in the sale, assignment or other transfer of businesses to which the information you give is related, provided they sign appropriate confidentiality agreements that maintain the confidentiality of your information.
- Those with whom we are required to share your information by applicable bylaws, court orders or government regulations.
- Health care personnel for treatment purposes (including, for example, emergency assistance personnel).

IN ANSWERING THESE QUESTIONS, YOU SHOULD NOT INCLUDE ANY GENETIC INFORMATION. THAT IS, PLEASE DO NOT INCLUDE ANY FAMILY MEDICAL HISTORY OR ANY INFORMATION RELATED TO GENETIC TESTING, GENETIC SERVICES, GENETIC COUNSELING, OR GENETIC DISEASES FOR WHICH YOU BELIEVE YOU MAY BE AT RISK.

Clicking the **ACCEPT** button below represents that you have read the above *Use and Disclosure of Your Information* statement and understand and agree with the terms and conditions. If you do not accept the terms and conditions, click **DECLINE**. (Please be informed that if you decline you will not be able to access and complete health risk assessment questionnaire.)

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INSIGHT® Health - Before you begin

Before you begin your assessment, please answer the following questions. We need all of this information to properly process your assessment.

Select your desired measurement units for this assessment.

- US Customary (pounds, inches, etc.)
 Metric (kilograms, centimeters, etc.)

Do you smoke cigarettes?

- I NEVER smoked cigarettes (never means less than 100 cigarettes in my life; 5 packs= 100 cigarettes)
 I used to smoke cigarettes (former smoker)
 I still smoke cigarettes

Do you have a vision impairment that requires special reading materials?

Select ▼

Do you have a hearing impairment that requires special equipment?

Select ▼

What language do you prefer to speak? (Mark only one answer.)

Select ▼

[Continue](#)