

Oklahoma State University EXEMPTION Form 2025



CONDITIONAL SUBMISSION DEADLINE DECEMBER 31, 2025

Important Notice: It is your responsibility—not your provider’s—to ensure the completed form is submitted to Catapult Health. Please read the following before completing the form.

- The premium credit is effective the first of the month following the date the form is processed. Once your completed form is received, processing can take up to 10 business days. Please keep in mind that holidays and office closures may delay processing times.
- To qualify for the premium credit to be effective January 1, 2026, **your form must be processed by December 31, 2025**. It is not sufficient for the form to be merely received by this date. If the form is not processed by this date, the premium credit will not take effect until the first of the month following its processing.

PLEASE PRINT CLEARLY | INCOMPLETE FORMS CANNOT BE PROCESSED | * Indicates Field Required

STEP 1: PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health to complete requirements for my Company’s wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third-party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

PATIENT’S NAME * _____
First M.I. Last

PATIENT’S SIGNATURE * _____

DATE SIGNED* _____
Mo / Day / Year

DATE OF BIRTH * _____
Mo / Day / Year

PHONE NUMBER _____ - _____ - _____

EMAIL _____ @ _____

____ (INITIALS) I agree to receive text messages and/or email communication regarding the status of my form. I understand that I may text STOP to unsubscribe at any time from text messages regarding my Exemption Form. Message frequencies may vary, and data rates may apply. For more information, please see Catapult Health’s Terms of Use and Notice of Privacy Practices at www.catapulthealth.com

STEP 2: PROVIDER INSTRUCTIONS

Your patient’s employer has partnered with Catapult Health to provide worksite wellness initiatives. Individuals who are currently pregnant or have delivered within the last 60 days will not be required to complete lab or biometric testing. Please complete the information below and return this form to your patient.

PROVIDER’S NAME *		PROVIDER’S SIGNATURE *	
PATIENT’S EXPECTED DUE DATE / DATE OF DELIVERY *			

STEP 3: COMPLETED forms must be submitted to Catapult Health for processing using one of the following methods. Forms processed after the deadline will be applied and become effective the first of the month following processing by Catapult.

- Secure Email Submission using the website address: <https://securecontact.me/support@catapulthealth.com>
- Encrypted Fax Submission: 877-885-9904
- Mail: 5294 Belt Line Rd #200, Dallas, TX 75254 Attn: PCP Processing
- **Questions?** Please email support@catapulthealth.com or TEXT or CALL 855-509-1211 for Catapult Patient Support.