

UPREHS wants to hear from you.

UPREHS constantly strives to provide you with the most up to date and thorough information possible. In an effort to provide you with helpful information, we would like your feedback.

Please take a moment to fill out the attached survey and mail it back to us. Alternatively, if you prefer, call our customer service number or send us an email with your answers. We appreciate your feedback.

1. Do you have access to the Internet? (circle) Yes No

If yes, proceed to question #2, if no please drop this survey card in the mail to the address listed below.

2. Do you use the UPREHS website www.uphealth.com? (circle) Yes No If yes, proceed to question #3

3. What features on www.uphealth.com do you use? (check all that apply)

Refill prescriptions Check claim status Find a doctor
 Find a hospital Health records Medical information



4. Would you like the website to offer any of the following services:
(check all that apply)

Weight loss information & support Manage your weight
 Exercise Programs Tips on relaxation techniques for a better sleep
 Learn or improve sports skills for walking, running, golf, swimming, bicycling and tennis

5. ¿Necesita usted informacion en espanol? Si No

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 9163 SALT LAKE CITY UT

POSTAGE WILL BE PAID BY ADDRESSEE

UNION PACIFIC RAILROAD
EMPLOYEES HEALTH SYSTEMS
PO BOX 161020
SALT LAKE CITY, UT 84116-9903