

## **Annual Wellness Incentive - Proof of Exam**

**COMPLETED BY PATIENT** 

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Employee Name (if different from patient):	
Employee Number:	
Location:	
I certify that this information is truthful and accurate to my knowledge. I understand that the information is subject to review and if it is found to be intentionally dishonest, disciplinary actions may be taken and incentives may be revoked.	
Employee Signature:	Date:
COMPLETED BY HEALTCARE PROVIDER	
Date of Exam:	
Provider's Name:	
Office Address:	
Office Phone:	
I certify that the individual above had an <u>annual wellness exam</u> on the date indicated above.	

## **Program Guidelines**

Physician Signature:

If enrolled on the Olympic Medical Plan and you complete your annual wellness preventative exam in 2024 (by September 30), you will be eligible to receive a lump sum payout of \$550 for Single Coverage or \$1,100 for Family coverage. Rates are prorated if you join or adjust plans throughout the year. If your spouse is covered on our Medical Plan, your spouse must also have an annual wellness preventative exam in 2024 to receive the full incentive.

Date:

## Reminders

- Our policy is CALENDAR YEAR you DO NOT need to wait a full year to date from previous exam to complete your new exam.
- To Upload Employee Form in UKG: Go to Myself Manage My Benefits Document Request – Upload.
- To Upload Spouse Form in UKG: Myself Documents Employee Documents Add –
  Choose File Create Document Title Category is WELLSP Save.
- The Wellness Incentive will be paid to those eligible in November 2024.
- You must be employed on the date of payout to receive the incentive.