

### Employee Verification LMHF Wellness Incentive Program

Page 1 of 2

#### Instructions:

Please complete the information below, have your physician complete and sign the reverse side and return to the Labor-Management Healthcare Fund office.

*This form must be submitted no later than February 15 for the prior year's participation.*

*There are NO exceptions.*

**DO NOT return documents to your employer.**

I hereby confirm that I have completed my Annual Physical resulting in eligibility for receipt of a Health-Reimbursement Arrangement (debit) card. I understand that this document will be confirmed by the LMHF prior to receiving my card. My HRA card will be provided to me by the LMHF office via U.S. mail within 3 to 4 weeks. You will be notified directly if the LMHF office is unable to confirm your documentation. Please notify the LMHF office if you do not receive confirmation that LMHF received your submission within two weeks of the time you submitted it.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Highmark/BCBS Member ID Number: \_\_\_\_\_

*ID Number*

Highmark/BCBS Group Number\*:

Home Address: \_\_\_\_\_

*House Number & Street*

*Apartment #*

*City & State*

*Zip Code*

Phone Number with Area Code: \_\_\_\_\_

\*Your Highmark/BCBS, Member ID and Group numbers, appear on your Highmark/BCBS Insurance card

#### Subscriber's Information

Union Affiliation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Department: \_\_\_\_\_

*Reverse Side (Page 2) Must be Completed by Physician*

Annual Physical Verification  
LMHF Wellness Incentive Program

I hereby confirm that I am the Physician for \_\_\_\_\_,  
(Patient Name – please print)

Highmark/BCBS Member Identification Number \_\_\_\_\_.

This patient presented on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and received their  
(Month) (Day) (Year)

**Annual Physical Examination.**

Physician Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*This form must be submitted no later than February 15 for the prior year's participation.  
There are NO exceptions.*

**Faxes/Scans not accepted.**