



2019 / 2020 WELLNESS/PREVENTIVE CARE EXAMINATION ATTESTATION FORM

A cash wellness incentive equivalent to 2.5% of your medical and prescription premiums will be available to you if you have completed a wellness exam and if you have completed this form in its entirety.

Forms turned in for exams between 1/1/19 – 12/31/19 will receive incentive payments for 2019 & 2020 plan years

This attestation form may be turned in any time during the calendar year. Incentives will be applied to your paycheck going forward from the date the completed form was received by Human Resources for the balance of the plan year. **This form must be updated and submitted annually to ensure proper payment.**

EMPLOYEE NAME: _____

DEPARTMENT: _____ EMPLOYEE NUMBER: _____

You are hereby authorized to furnish Kent County Human Resources confirmation of the completed medical wellness/preventive care examination. Photocopies of this authorization may be accepted with the same authority as the original. The information provided is accurate and factual. I understand that falsified information, provided on this form, is subject to disciplinary action.

EMPLOYEE SIGNATURE: _____ DATE: _____

VERIFICATION OF COMPLETED WELLNESS EXAM / PHYSICAL

THIS SECTION IS TO BE COMPLETED BY YOUR PHYSICIAN'S OFFICE

I confirm that the above listed patient has completed a wellness/preventive examination on the date listed below.

DATE OF WELLNESS EXAMINATION: _____

HEALTH CARE PROVIDER SIGNATURE: _____

DATE: _____ NPI # _____

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. This form shall be used to determine eligibility for a wellness incentive only. It will be retained at the authorizing department and is subject to audit by the County Administration.