



## New Hire

### Annual Exam Employee Acknowledgement Form

**July 1, 2025- June 30, 2026**

|  |       |
|--|-------|
| Employee Name:   | Date: |
| <br>   | <br>  |
| <p>By signing, I acknowledge I received a physical or preventive care exam within the last calendar year. I understand I must return this form to HR for this physician visit to qualify for the Wellness Incentive reduced premium plan and my wellness rates will not go into effect until the next month of coverage, after my form is turned in.</p> <p>Employee Signature _____</p> |       |

#### For Physician Use Only

|                                    |
|------------------------------------|
| Date of Visit: _____               |
| Physician Name (print): _____      |
| Physician Practice location: _____ |
| Physician Signature: _____         |