



New Hire

Annual Exam Spousal Acknowledgement Form

July 1, 2025- June 30, 2026

Employee Name (printed) _____

Spouse Name (printed) _____

By signing below, I acknowledge my Spouse received a physical or preventive care exam within the last calendar year. I understand I must return this form to HR for this 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.

Employee Signature _____ **Date** _____

For Physician Use Only

Date of Visit: _____

Physician Name (print): _____

Physician Practice location: _____

Physician Signature: _____