



DOING THE
MOST GOOD™

Health Benefit Wellness Program Incentive

Medical Verification Form (2023 – 2024 Plan Year)

I certify the information provided below is true and accurate.

Employee Name:		Employee Number**:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Division:	Location:		Location Code (ex. THQ 01-001):							
Date of Physician Visit:		Name of Physician:								

I understand to qualify for the Wellness Program Incentive, I must do the following:

1. Get a wellness check-up* from my Primary Care Physician / General Practitioner between July 1, 2023 - June 30, 2024
2. Complete this form in its entirety, **include your Employee ID Number (NOT your Social Security Number)** to assist in processing
3. Attach a copy of my physician visit receipt or similar proof of visit
4. Fax, mail or scan & email this form and receipt to Employee Health Benefits at THQ:
 - » Email – THRHB@usw.salvationarmy.org
 - » Fax – (562) 491-8795
5. **Complete all steps by June 30, 2024**

NOTE: Due to the high volume of documents received; it is STRONGLY recommended you keep proof of submission (email “sent” record, date stamped fax receipt, etc.).

Employee Signature:	Date:
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For physician's use: I verify the above listed individual had a wellness check-up* on the date as stated.

Physician Signature:

* Wellness check-up may also be referred to as wellness check, proactive care, or routine physicals.

** Your 9-digit employee number can be found on your paystub. Including it will help us process your wellness incentive payout.