



Phoebe 2025 Wellness Program

PREVENTIVE HEALTH SCREENING VERIFICATION INSTRUCTIONS

To satisfy the Preventive Health Screening Verification requirement for the 2025 Wellness Program, please do the following:

INSTRUCTIONS FOR THE EMPLOYEE:

- 1) Take these instructions along with the Health Screening Verification Form to your preventative appointment.
- 2) Complete the top portion by printing YOUR name clearly as the employee or Spouse and writing the date in which you had your physical completed. (ex. 7/1/2025 or July 1, 2025)
- 3) Sign YOUR name on the Employee Signature line. This is your personal verification.

INSTRUCTIONS FOR THE PHYSICIAN:

As the attending Physician of the preventative screening, please completing the following:

- 1) Please print your full first and last name along with the address where you provided the employee's screening at. You may include the phone number if you wish.
- 2) Please sign on the indicated line. If your office has an official stamp, please also use it here.

SUBMIT YOUR PREVENTATIVE HEALTH SCREENING VERIFICATION FORM TO BSI CORPORATE BENEFITS

Please use the below method to supply your verification form to BSI Corporate Benefits no later than **December 14, 2024**

Scan and email a copy to **Jennifer Todora: Jtodora@bsicorporate.com**

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PREVENTATIVE HEALTH SCREENING VERIFICATION FORM

I _____ certify that I was
(Print Your Full Name)
seen by my physician on _____ to obtain
my annual health screening.

X _____
Phoebe Employee /Spouse Signature (Date)

This form reflects information for the following individual: (please check one)

Enrolled employee OR Enrolled spouse

***If you are the spouse of employee print employee name _____

Physician's Full Name & Address (Please Print)

X _____
Physician's Signature and/or Office Stamp

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