All full-time benefit eligible employees can earn [Insert Reward]\* for completing qualifying preventive care activities.

**Preventive Care Form**

**GET REWARDED FOR TAKING CARE OF YOU!**

**Here’s how it works:**

**Step 1: Complete any two of the following in [Insert Year]:**

Annual Well Exam (Physical) with your Primary Care Provider

Cancer Screening (breast, colon, cervical, or prostate)

Routine Dental Cleaning

Vision Exam

Flu or COVID Vaccination

**Step 2: Complete the Preventive Care Form and Submit to Human Resources**

Be sure to check completion of at least **two** qualifying activities. Human Resources reserves the right to audit submissions to verify completion.

Be sure to include any additional information requested, such as the name of your Primary

Care Provider or date of visit (**must be in [Insert Year] to qualify**)

Submit your completed form to Human Resources

Once your submission is approved, you’ll receive the wellness reward\* via a paycheck deposit

(payments will be made on a quarterly basis)

**Deadline to submit your Preventive Care Form to Human Resources is [Enter Date]**

[***\*Due to IRS regulations, th***](http://omadahealth.com/omadaforcigna)***e reward may be subject to payroll taxes***

Employee Name:

**Preventive Care Form**

**COMPLETE THIS FORM AND SUBMIT TO HUMAN RESOURCES**

Please check the **two** qualifying activities you completed:

[ ]  Annual Well Exam (Physical) [ ]  Vision Exam

 Provider: Provider:

 Date of visit: Date of exam:

[ ]  Cancer Screening [ ]  Flu or COVID Vaccine

 Provider: Date of vaccination:

 Date of screening:

[ ]  Routine Dental Cleaning

 Provider:

 Date of cleaning:

By signing and submitting this form, I attest I completed the two activities checked above.

Employee Signature:

Date:

[***\*Due to IRS regulations, the preventive care reward may be subject to payroll tax.***](http://omadahealth.com/omadaforcigna)

**To be completed by Human Resources:**

Entered in Reward File:

Signature of Approval by Human Resources: Date: