

Hancock County Government

WELLNESS PROGRAM

EMPLOYEE INFORMATION

Employee Name: _____
(please print)

Patient Name: _____
(please print)

PHYSICIAN STATEMENT:

This letter is intended to verify that as the attending physician I can attest that the individual listed above (as the patient) has completed an annual wellness checkup for the 2018 plan year.

Physician's Signature

Date

*** Please return to Mary McCoy, Deputy Auditor, by October 1, 2018 to verify 2018 premium credit as well as to receive credit for 2019 Wellness Program. If not received by October 1, 2018, Wellness credit will not be given in 2019 premiums.**