

Routine Wellness Exam Incentive Authorization

Once completed, please send this form to Everence, Attn: The Corinthian Plan Administrator, PO Box 483, Goshen, IN 46527, fax to 574-537-6642, or send as an email attachment to wellness@everence.com no later than March 15 following the end of the current wellness cycle of March 1 through Feb. 28. **All incentive requirements must be completed and signed off by the end of February. There is a grace period until March 15 to allow for the submission of forms. Paperwork post marked after the March 15 deadline will be considered for the new Incentive cycle that begins on March 1.**

Name _____

Are you Employee Spouse Email address _____

Congregation _____ Conference _____

Physician/medical provider confirmation of routine wellness exam

An up-to-date wellness exam is required to receive the wellness incentive. The routine wellness exam on _____ (date) meets this requirement for the individual listed above.

Name of physician/medical provider

Signature of physician/medical provider

Advance medical directives

While not required for earning the incentive, making your wishes known to your family, your medical provider, and documenting them in a living will eases minds and hearts during times of great stress. Check the one that applies:

- I have advance medical directives in place and have shared them with my medical provider and loved ones.
- In the next year I plan to have advance medical directives in place and share them with my medical provider and loved ones.
- I have no plans to create advance medical directives.

End of life resources:

everence.com/end-of-life-planning (Everence webpage)

Living Thoughtfully, Dying Well: A Doctor Explains How to Make Death a Natural Part of Life by Glen Miller (book)

Wellness incentive authorization

I (employee) or my spouse completed a routine wellness exam as indicated above. I would like the \$150 wellness incentive money I am eligible for to be:

- Paid to me by check (your employer will include this as taxable income on your W-2 statement).
- An employer HSA contribution made directly to my Everence* HSA (not taxable income or tax-deductible HSA contribution, but counts toward my annual HSA contribution limit). The number of my Everence health savings account is _____.
- Contributed to the Mennonite Church USA's Fair Balance Subsidy Fund that provides health premium assistance (your employer will include this as taxable income on your W-2 statement and you also may claim it as a tax-deductible contribution). Everence will match your contribution.

**If you have a different custodian for your HSA, you will need to have the check paid to you and make the contribution yourself.*

Signature of employee

Date