

## My Highmark App Verification Form

Employee Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By submitting this form, I verify that I have downloaded and intend to use the My Highmark App.  
(See the My Highmark Flier for information on getting started with the app).

Date of download: \_\_\_\_\_

Forms received by the deadlines listed below will be entered in a \$50 drawing. Two recipients will be selected each quarter.

May 31, 2024  
August 31, 2024  
November 30, 2024  
February 28, 2025

Any forms received after the drawing date will be considered for the next drawing. Forms received after February 28, 2025, will not be included in the drawing.

Drawing winners will be announced.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

After completing the form, you may submit it to Everence by mail, fax it to 574-537-6642, or email it as an attachment to [wellness@everence.com](mailto:wellness@everence.com).

Everence  
Attn: The Corinthian Plan Administrator  
PO Box 483  
Goshen, IN 46527