



WCA GROUP HEALTH TRUST

CEDARBURG SCHOOL DISTRICT

GP#: 76-440143

**WELLNESS INITIATIVE - 2017
ANNUAL EXAM INCENTIVE REQUEST FORM**

MEMBER NAME: _____

EMPLOYEE: Yes No
SPOUSE: Yes No

UMR MEMBER ID#: _____

EXAM DATE: _____

PHYSICIAN: _____

(Attach a copy of Your Explanation of Benefits to receive the gift card)

INCENTIVE: **\$50 CREDIT GIFT CARD**

SIGNATURE: _____

FORWARD TO: WCA Group Health Trust
 Attn: Amy Wald
 18550 West Capitol Drive
 Brookfield, WI 53045

This incentive program is available to every Cedarburg School District employee/retiree and their spouse that is insured through the WCA Group Health Trust as of the date of this letter. Any preventative exam incurred in 2017 is eligible.

Your information will remain confidential and will not be shared with the school district or any other third party.

Thank you for caring about your health and participating in this program!