

McDowell County Employee Preventive Care Affidavit



EMPLOYEE INFORMATION AND ACKNOWLEDGEMENT

(Last Name)

(First Name)

(M.I.)

Date of Birth: ____/____/____

Preventative Care Affidavit:

Dear McDowell County Employees,
Please have your medical provider complete this form. Please return this completed form to the Human Resources Department no later than May 30th at 5:00 pm.

Note: All fields on the form are required. If you do not include all information, you will not receive credit and will be charged the non-discounted rate for your insurance premium for the fiscal year.

I acknowledge that this affidavit is an annual requirement as a McDowell County employee in order to maintain eligibility for the Wellness Premium (MCWP) and must be turned in no later than May 30th by 5:00 pm of each year. If HR does not receive this form before the deadline, I understand that I will be charged the non-discounted rate for my insurance premium.

(Employee Signature) ____/____/____ (Date)

Preventive Care Requirements:

- Annual Wellness Exam
- Discuss Age Appropriate Screenings
- Complete Lab Panel

HEALTH CARE PROFESSIONAL SECTION ONLY

Doctor/Health Care Professional's Note:

For the employee to gain credit for the McDowell County Wellness Premium (MCWP), individuals must complete the preventive care criteria noted above. Your signature is confirmation that the preventive care requirements noted above have been met.

Doctor/Health Care Professional Verification: Please check the following as they have been completed.

- Wellness Exam
- Discussion of Age Appropriate Screening(s)
- Full Lab Panel

(Print Name)

(Signature)

Date Exam Completed: ____/____/____

