Wellness Rewards Verification Form
For Plan Year 2025

Brazos County has implemented a Wellness Program to encourage employees to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the County's health benefit program. Employees, retirees and spouses who are enrolled in the County's medical benefit plan must complete an annual wellness screening in order to receive the wellness discount.

TO BE COMPLETED BY EMPLOYEE, RETIREE, or SPOUSE:

Full Name:_____ Employee Number: _____ Date Of Birth: _____

☐ Brazos County Employee ☐ Spouse of Brazos County Employee Employee Name: _____	☐ Brazos County Retiree ☐ Spouse of Brazos County Retiree Retiree Name: _____

By my signature below, I affirm that I have received, read and understand the Wellness Rewards Program and I authorize my physician to verify that I have completed a wellness exam on the date indicated below:

Signature:_____Date: _____

IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on or attached to this form.
- To receive credit for completion, the wellness exam must be completed between 10/01/23 – 09/30/24. **The deadline for submission is 09/30/24**. The form may be submitted in one of the following ways:
    1. **Email: wellness@brazoscountytx.gov *Preferred Submission Method***
    2. Fax: (979) 823-6993
    3. Drop Off: Human Resources Dept. (Suite 206 in the Administration Building)
- While wellness exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.

TO BE COMPLETED BY PHYSICIAN:

I certify the above named patient has completed an Annual Exam/Wellness Exam between the dates of 10/01/23 and 09/30/24.

Name of Physician (PRINTED): _____

Address: _____

City:_____State: _____ Zip Code:_____Office Phone: _____

Physician Signature:_____Date: _____

Return this form to Human Resources before September 30, 2024!

Admin Use: SS _____ LF _____ EF _____