

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.

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